**RIMI NIH Grant Equipment Training 2013-14**

**Staff Evaluation**

Thank you for attending the RIMI Equipment Training Workshop. In order to document and evaluate this element of the RIMI grant, we require that participants complete this brief survey. Your responses will remain anonymous, and the results from all participants will be aggregated for the evaluation report. Please return the completed survey to the project evaluator:

Phyllis Kuehn, PhD

[phyllisk@csufresno.edu](mailto:phyllisk@csufresno.edu)

Name and Job Title:

Department:

Title of Workshop and Date:

Please rate the following on a scale of 1 to 10:

**1. Knowledge of the equipment and procedures prior to the workshop.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 None | 2 | 3 | 4 | 5  Some | 6 | 7 | 8 | 9 | 10  Extensive |

Comments:

**2. Knowledge of the equipment and procedures after the workshop.**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 None | 2 | 3 | 4 | 5  Some | 6 | 7 | 8 | 9 | 10  Extensive |

Comments:

**3. How likely are you to use this equipment and these procedures in your work/research during the next six months?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1 Not at all | 2 | 3 | 4 | 5  Some-  what | 6 | 7 | 8 | 9 | 10  Certainly will |

Please explain your response.

**4. Are you likely to need additional training on this equipment and these procedures? If so, what will you need?**

**5. What other kinds of support will you need to use this equipment and these procedures in your work/research?**

**6. Will you be involving any students in work/research using this equipment? If so, how?**

**Please add any other comments you care to make related to the training.**

Thank you.

Please return by email to: phyllisk@csufresno.edu