

ORA U Online Course Evaluation

Title of the online course you completed:

What is the approximate time you spent working on this course	?				
H H : M M					
Please indicate your response to each item using the scale of 1 to 5 pertain to your experience with this course, please choose "N/A". For please add additional comments in the section provided at the end of	r any 1	s or 2s tha			ate,
****Please Note**** The comment spaces below are limited. If you we comments, please e-mail them to: mailto:orau@ora.fda.gov Subject Evaluation.				ional	
Strongly Agree Agree Neither Agree nor Disagree Str — 5— — 4— — — 3— — — — — — — — — — — — — —	ongly Disagn	ee N/A — N/A			
I had the prerequisite knowledge/experience to complete this course.	5	4 3	2	1	□N/A
2. The objectives for this course were clear.	5	4 3	2		□N/A
3. The content of this course is relevant to my job.	5	4 3	2		□N/A
4. The content of this course was presented at an appropriate educational lev	v el. □ 5	4 3	2	□1	□N/A
5. The end-of-course exam fairly tested the stated course objectives.	□ 5	4 3	2		□N/A
6. I expect my job performance to improve as a result of taking this course.	5	4 3	2		□N/A
7. Technical computer help was readily available when needed.	5	4 3	2		□N/A
8. My content-related questions were answered in a timely manner.	 5	4 3	2	1	□N/A
9. My administrative/general questions were answered in a timely manner.	5	4 3	2	1	□N/A
10. Taking this course online was an overall positive experience.	5	4 3	2	1	□N/A
Please provide comments here:					



applicable to you)?
O Yes O No
Please Explain
12. How did you hear about ORA U?
O E-mail
O DHRD marketing materials
O DHRD web site (ORA U)
O Co-worker
O Supervisor
O FDA web site
O Other
Other Please explain
13. My suggestions for improving this course are:
14. I would like to see the following course topics developed into online learning courses:
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14. I would like to see the following course topics developed into online learning courses:15. My online learning experiences could be made better if:

11. Does the content of this course comply with the policies of FDA or your state (whichever is



16. Is this the first online course you have taken?
O Yes O No
If this is NOT your first online course, how does this course compare with others you have taken?
O Much better
O Somewhat better
O Equivalent
O Somewhat worse
O Much worse
Optional Information: (Please complete if you would like someone to follow-up with you.)
Official First Name MI Last Name
Job Title
Please select your employer
O FDA O State O Local Agency O Other
Office Address
City, State Zip Code
City, State
Phone Number & Extension
Work Email Address

Please print out this form and return via fax to:

ORA U

Attention: Kimberly Hill (301) 827-8708