



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 given. If an item does not pertain to your experience with this course, please choose "N/A". For any 1s or 2s that you indicate, please add additional comments in the section provided at the end of the evaluation.

****Please Note**** The comment spaces below are limited. If you would like to make additional comments, please e-mail them to: <mailto:orau@ora.fda.gov> Subject ORAU Online Course Evaluation.

Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	N/A
5	4	3	2	1	N/A

1. 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 1 N/A
3. The content of this course is relevant to my job. 5 4 3 2 1 N/A
4. The content of this course was presented at an appropriate educational level. 5 4 3 2 1 N/A
5. The end-of-course exam fairly tested the stated course objectives. 5 4 3 2 1 N/A
6. I expect my job performance to improve as a result of taking this course. 5 4 3 2 1 N/A
7. Technical computer help was readily available when needed. 5 4 3 2 1 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:





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11. Does the content of this course comply with the policies of FDA or your state (whichever is applicable to you)?

- Yes No

Please Explain

12. How did you hear about ORA U?

- E-mail
- DHRD marketing materials
- DHRD web site (ORA U)
- Co-worker
- Supervisor
- FDA web site
- 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:

15. My online learning experiences could be made better if:





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16. Is this the first online course you have taken?

- Yes
- No

If this is NOT your first online course, how does this course compare with others you have taken?

- Much better
- Somewhat better
- Equivalent
- Somewhat worse
- 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

- FDA
- State
- Local Agency
- Other

Office Address

City, State

Zip Code

Phone Number & Extension

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Work Email Address

Please print out this form and return via fax to:

ORA U

Attention: Kimberly Hill

(301) 827-8708