**Cyber Excepted Service (CES)**

**TRAIN THE TRAINERS COURSE Evaluation**

Name (optional): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Component/Agency: \_\_\_\_\_\_\_\_\_\_

Instructor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Thank you for your participation in this course. DoD CIO will use your feedback to improve future course offerings. Read each statement below and circle the number that indicates your level of agreement. Then, please take a moment to provide your comments.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| After completing this course.  | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. I can explain CES’s goals and objectives.
 | 1  | 2  | 3  | 4  | 5  | N/A  |
| 1. I have a solid understanding of the CES Occupational Structure.
 | 1  | 2  | 3  | 4  | 5  | N/A  |
| 1. I can describe the alignment process for CES positions in the pay banded and graded structures.
 | 1  | 2  | 3  | 4  | 5  | N/A  |
| 1. I have a thorough understanding of how positions are filled both internally and externally.
 | 1  | 2  | 3  | 4  | 5  | N/A  |
| 1. I have a full understanding of the elements of pay setting (e.g., base salary, local market supplements (LMS), targeted local market supplements (TLMS)).
 | 1  | 2  | 3  | 4  | 5  | N/A  |
| 1. I can confidently describe the phases of performance management process.
 | 1  | 2  | 3  | 4  | 5  | N/A  |
| 1. I am familiar with current disciplinary, performance-based, and adverse actions and understand that CES does not impact them.
 | 1  | 2  | 3  | 4  | 5  | N/A  |
| 1. I am familiar with employee grievance procedures and understand that they are not impacted by CES.
 | 1  | 2  | 3  | 4  | 5  | N/A  |

2| P a g e

**Cyber Excepted Service (CES)**

**TRAIN THE TRAINERS COURSE Evaluation**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** | **Not Applicable** |
| 1. The training facility was conducive to learning.
 | 1  | 2  | 3  | 4  | 5  | N/A  |
| 1. The information covered was valuable and relevant to my job.
 | 1  | 2  | 3  | 4  | 5  | N/A  |
| 1. The information covered was at the appropriate level of difficulty.
 | 1  | 2  | 3  | 4  | 5  | N/A  |
| 1. The scenarios and activities were relevant and useful for understanding the information.
 | 1  | 2  | 3  | 4  | 5  | N/A  |
| 1. The course was interesting and kept my attention.
 | 1  | 2  | 3  | 4  | 5  | N/A  |
| 1. The instructor presented the material effectively.
 | 1  | 2  | 3  | 4  | 5  | N/A  |
| 1. The instructor demonstrated effective interpersonal skills.
 | 1  | 2  | 3  | 4  | 5  | N/A  |
| 1. The instructor was knowledgeable about the subject.
 | 1  | 2  | 3  | 4  | 5  | N/A  |
| 1. Overall, the course met my expectations.
 | 1  | 2  | 3  | 4  | 5  | N/A  |
| 1. I feel prepared to deliver this course or explain the training materials to others within my Component.
 | 1  | 2  | 3  | 4  | 5  | N/A  |

3| P a g e

What was the most valuable part of the course?

What was the least useful part of the course?