



**Agency:** \_\_\_\_\_

**Date of Training:** \_\_\_\_\_

**What is your position?**

- Technical
- Acquisition
- Other \_\_\_\_\_

**How was your overall training experience?**

	Excellent	Very Good	Okay	Poor	N/A
Content	<input type="radio"/>				
Web portion	<input type="radio"/>				
Handouts	<input type="radio"/>				
Job relevance	<input type="radio"/>				

**What piece(s) of knowledge/tools you are most likely to use in your job?**

- Scope
- Website Portion
- Product Solution Availability
- Order Process
- Quote Verification
- Other \_\_\_\_\_
- Determination of SEWP Groups

**Would you like to schedule a refresher training in the future?**

- Yes
- No

**If you would like us to contact you about training, please provide contract information:**

Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

**When would you like us to contact you about a refresher training?**

- Less than 6 months
- 6 months
- A year
- Next time we are in your area

**Any additional comments:**