

Training Needs Assessment

[Welcome letter]

General Survey Instructions

Caution: If you click the browser's Refresh or Reload buttons you will clear your latest responses from the page you are on. To ensure your survey responses are not lost, please click on the **Save** button if you cannot complete the entire survey in one sitting. On the **Last** page of the survey there is a **Send/Submit** button. **Send/Submit** sends/submits a copy of the survey to be included in the agency results. Once you click on **Send/Submit**, you will not be able to access your survey again for any reason.

Buttons that are available on the bottom of each survey page are:

- **Previous** takes you to the previous page in the survey,
- **Next** takes you to the next page in the survey,
- **Save** saves the survey on the system so you can continue at a later time,
- **1 | 2 | 3...Last** takes you to that page of the survey,
- **Quit** allows you to quit the survey and gives you the option to **Return** and continue with the survey, **Quit** the system, or **Save** your current survey (after which you may continue with the survey or exit the system).

Privacy Act Statement

Pursuant to 5 U.S.C. § 552a(e)(3), this Privacy Act Statement informs you of why OPM is requesting the information from you.

Authority:

OPM is authorized to collect the information requested pursuant to 5 U.S.C. § 4702 – Research Programs.

Purpose:

OPM is requesting this information to improve methods in Federal personnel management, workforce effectiveness, and/or agency effectiveness. OPM will use this information to evaluate employee perceptions about the workplace and identify strategies to help improve the work environment.

Routine Uses:

In any public release of survey results, no data will be disclosed that could be used to match your responses with your identity. The information requested may be shared externally as a “routine use” as specified in the system of records notice associated with this collection of information, OPM GOVT-6, Personnel Research and Test Validation Records, [OPM GOVT-6](#).

Consequences of Failure to Provide Information:

Providing this information is completely voluntary and there is no penalty if you choose not to respond. However, maximum participation is encouraged so that the data will be complete and representative.

Public Burden Statement

We think providing this information takes an average of 10 minutes per respondent to complete, including the time for reviewing instructions, getting the needed data, and reviewing the completed survey. Send comments regarding our estimate or any other aspect of this survey, including suggestions for reducing completion time, to the Office of Personnel Management (OPM), Reports and Forms Officer, Paperwork Reduction Project (3206-0252), Washington, D.C. 20415. The OMB number 3206-0252 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

Section 1: Demographics

1. Where do you work in XXXX? *(Please select one of the following)*
 - XXX
 - XXX

2. Where are you located?
 - XXX
 - XXX
 - XXX

3. In which State are you located?
 - [Drop down menu with all 50 states]

4. How long have you worked for XXXX?
 - Less than 1 year
 - 1 to 4 years

- 5 to 10 years
 - More than 10 years
5. How long have you worked in your current position?
- Less than 1 year
 - 1 to 4 years
 - 5 to 10 years
 - More than 10 years
6. What is your supervisory status?
- Non-supervisor: I do not supervise other employees.
 - Team Leader: I am not an official supervisor, and I do not conduct performance appraisals; however, I provide employees day to day guidance in work projects.
 - Supervisor: I am an official supervisor; I have supervisory responsibilities and conduct employees' performance appraisals.
7. I plan to leave XXXX within the next 5 years due to:
- Retirement
 - Lack of job opportunities within XXXX
 - Lack of training/developmental opportunities within XXXX
 - Personal reasons
 - Don't know/don't plan on leaving
 - Other [text box here]

Section 2: Organizational Factors Affecting Training Needs & Participation

8. How are your training needs currently identified? *(Mark all that apply)*
- By using an Individual Development Plan (IDP)
 - Conversations with your manager/supervisor
 - Self-assessment (e.g., you identify your own training courses, workshops, etc.)
 - Formal assessment (e.g., training needs assessment, 360-degree leadership assessment)
 - My training needs have not been assessed in the last year
 - I have never had my training needs assessed
 - I do not know
 - Other: [text box here]
9. How would you *prefer* your training needs to be identified? *(Mark all that apply)*
- By using an Individual Development Plan (IDP)
 - Conversations with your manager/supervisor
 - Self-assessment (e.g., you identify your own training courses, workshops, etc.)
 - Formal assessment (e.g., training needs assessment, 360-degree leadership assessment)
 - I do not know
 - Other: [text box here]
10. Have you completed an Individual Development Plan (IDP)?
- Yes
 - No [skip to item 12]
 - I do not know [skip to item 12]

11. How effective is your IDP in helping you identify your training needs?
- Very effective
 - Effective
 - Neither effective nor ineffective
 - Ineffective
 - Very ineffective
12. How are training opportunities currently communicated to you? *(Mark all that apply)*
- Communications from top leadership
 - Communications from your direct supervisor
 - Communications from the Professional Development Center
 - Communications from a different group within the Department of Agriculture (e.g., XXX)
 - Newsletters, emails, signs, or other marketing materials
 - Town hall, staff, or other internal XXXX meetings
 - Professional affiliations or memberships outside of XXXX
 - Informal word of mouth
 - Training opportunities are not communicated
 - Other: [text box here]
13. How would you *prefer* training opportunities to be communicated? *(Mark all that apply)*
- Communications from top leadership
 - Communications from your direct supervisor
 - Communications from the Professional Development Center
 - Communications from a different group within the Department of Agriculture (e.g., XXX)
 - Newsletters, emails, signs, or other marketing materials
 - Town hall, staff, or other internal XXXX meetings
 - Professional affiliations or memberships outside of XXXX
 - Informal word of mouth
 - Other: [text box here]
14. Do you use a Learning Management System (LMS) for your training needs?
- Yes
 - No [skip to item 16]
 - I am not aware of an LMS [skip to item 16]
15. How effective is your LMS in meeting your training needs?
- Very effective
 - Effective
 - Neither effective nor ineffective
 - Ineffective
 - Very ineffective

Please indicate the extent to which you agree with the following statements:

	Strongly Disagree	Disagree	Neither Disagree nor Agree	Agree	Strongly Agree	No Basis to Judge
16. My supervisor supports my participation in training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. My supervisor and I have discussed my strengths and weaknesses in terms of the skills I need to perform my job effectively.						
18. XXXX leadership supports my participation in training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. There is enough funding for me to attend training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. There is a clear process for signing up for training in XXXX.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 3: Aspects of the Employee that Affect Training Needs

Please indicate the extent to which you agree with the following statements:

	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
1. I understand what training I need to be successful in my position.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I am motivated to participate in training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. The training I participate in helps me improve my job performance.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I am unable to participate in training because of my current workload or lack of work coverage.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. I am unable to participate in training due to work/life issues (e.g. unable to travel or change daily schedule).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Section 4: Aspects of Training that Affecting Training Needs & Participation

21. How frequently do you currently participate in training?

- Never
- Weekly
- Monthly
- Quarterly
- Yearly
- As needed/available

22. How frequently would you like to participate in training in the future?

- Never
- Weekly
- Monthly
- Quarterly
- Yearly
- As needed/available

23. What months are best for you to attend training? (*Mark all that apply*)

- January
- February
- March
- April
- May
- June
- July
- August
- September
- October
- November
- December

24. What is your preferred method of learning? (*Mark all that apply*)

- Lecture
- Interactive participation (e.g., group discussion, class exercises, role playing)
- Experiential learning (e.g., on-the-job training, rotational/detail assignments)
- Self-teaching (e.g., reading, researching topics of interest)
- Mentoring/Shadowing
- Other [text box here]

25. What is your preferred mode of training participation? (*Mark all that apply*)

- In-person training
- Instructor led webinar
- Computer based training (self-paced)
- Recorded webinars
- Recorded videos
- Other [text box here]

26. What is your preferred location for in-person training? (*Mark all that apply*)

- In my own group's workspace
- At my agency location, but removed from my group's workspace (e.g., on a different floor)

- At another agency location (e.g., field office)
- Outside of my agency, but geographically local
- Outside of my agency and geographically at a distance (e.g., another state/country)
- Other [text box here]

27. Instructors establish credibility through: *(Mark all that apply)*

- Academic degree or background
- Reputation in topic area or field of expertise
- Professional experience or knowledge
- XXXX-specific experience or knowledge
- Presentation, facilitation, or instruction style
- Prior familiarity (e.g. attended a previous training provided by the instructor)
- Other [text box here]

28. Have you participated in training provided by your organization?

- Yes, within the past 5 years
- Yes, over 5 years ago
- No [skip to 36.]

29. Please select the types of training or services provided by your organization in which you participated.
(Mark all that apply)

- XXX
- XXX
- XXX

30. How satisfied are you with the training provided by your organization?

- Strongly Satisfied
- Satisfied
- Neither Satisfied nor dissatisfied
- Dissatisfied
- Very dissatisfied

31. Which of the following [CONTENT TYPE] training opportunities would help you do your job more effectively? *(Mark all that apply)*

- XXX
- XXX
- XXX

32. Have you participated in training provided *outside* of your organization in the past 5 years?

- Yes
- No [skip to 45]

33. Why did you choose the outside training or development activity? *(Mark all that apply)*

- I could not find comparable training within my organization
- I did not look for comparable training within my organization
- The format of the training was more desirable
- The content of the training was more desirable/relevant to my job
- The outside organization has a better reputation
- The duration of the training better fit my needs

- The location of the training better fit my needs
- The training was offered more frequently/on a date that better fit my needs
- Other [text box here]

34. Please select the types of outside training in which you participated. *(Mark all that apply)*

- XXX
- XXX
- XXX

35. From whom did you receive the training? *(Mark all that apply)*

- A different agency within the Federal Government
- A different group within the Department of XXX
- A private-industry vendor
- A private or public college or university
- A professional group or society
- Other [text box here]

36. What additional types of job-specific training do you need?

[text box here]

37. Do you have other comments or suggestions you would like to provide to your organization? [text box here]