

EMPLOYEE ENGAGEMENT EVALUATION Program Participant

The Employee Engagement Evaluation will be submitted upon completion of the engagement opportunity. The information will be analyzed to make future decisions about program implementation and development and whether the program is making a difference.

Program (Select One): JSP _____ LDAP _____ GMP _____.

Program Assignment Dates (Start/End): _____ - _____.

Program Objective(s):

Program Accomplishments:

1. What did you gain as a result of participation in this program?
2. How do you anticipate using the knowledge/skills that you gained as a result of your participation in this program? Please describe.
3. What aspect of this program did you find to be most valuable?
4. What aspect of this program did you find to be least valuable?
5. Would you recommend this program to others? Please explain your response.
6. Was there adequate time to fulfill the objectives of the opportunity?
7. Is there anything else that you would like to add at this time?

OPTIONAL:

Name and Title:

USAG Organization:

Duty Phone:

Email Address:

Please return no later than 10 business days after culmination of your engagement opportunity to Mr. Dana Prins, DPTMS Training Integration Branch, 270-412-6603, e-mail:

dana.l.prins.civ@mail.mil