

# Course Evaluation Technical Training for Professional Development

Course Title and Number: ENDEVOR,  
#031350

Date: 02/22-23/2010

Primary Instructor: Dave Silverberg

## A. Course Objectives: (1 LOW → 5 HIGH)

Circle Degree to which specific course objectives were met or Highlight (use the numbered objectives on the course profile)

Lowest	→				Highest	Lowest	→				Highest
1.	1	2	3	4	5	7.	1	2	3	4	5
2.	1	2	3	4	5	8.	1	2	3	4	5
3.	1	2	3	4	5	9.	1	2	3	4	5
4.	1	2	3	4	5	10.	1	2	3	4	5
5.	1	2	3	4	5	11.	1	2	3	4	5
6.	1	2	3	4	5	12.	1	2	3	4	5

## B. Course Content and Design

	Lowest	→				Highest
1. Learning objectives were organized and clear.	1	2	3	4	5	
2. Effectiveness of methodology (lecture, readings, demo)	1	2	3	4	5	
3. Sufficient exercises were used to reinforce and measure learning	1	2	3	4	5	

## C. Quality of Instruction

	Lowest	→				Highest
1. Instructor's knowledge of subject	1	2	3	4	5	
2. Responsiveness to questions or need for help.	1	2	3	4	5	
3. Organization and presentation.	1	2	3	4	5	
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## D. Course Administration

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1. Course announcements, employee notifications were clear and prompt.	1	2	3	4	5	
2. Facilities were conducive to learning.	1	2	3	4	5	
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## E. Applications

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## F. Length of Course (X in box of your choice)

Was the course length appropriate for the material covered?  Too Short  Adequate  Too long

## G. Did you complete necessary prerequisites listed on profile? Yes No N/A

If yes, were they appropriate? \_\_\_\_\_

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## H. Other Comments (suggestions to improve the course, etc.) use back of form; if necessary

Explain low scores (1 or 2) for sections A-D

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3.	1	2	3	4	5	9.	1	2	3	4	5
4.	1	2	3	4	5	10.	1	2	3	4	5
5.	1	2	3	4	5	11.	1	2	3	4	5
6.	1	2	3	4	5	12.	1	2	3	4	5

## B. Course Content and Design

	Lowest	→				Highest
1. Learning objectives were organized and clear.	1	2	3	4	5	
2. Effectiveness of methodology (lecture, readings, demo)	1	2	3	4	5	
3. Sufficient exercises were used to reinforce and measure learning	1	2	3	4	5	

## C. Quality of Instruction

	Lowest	→				Highest
1. Instructor's knowledge of subject	1	2	3	4	5	
2. Responsiveness to questions or need for help.	1	2	3	4	5	
3. Organization and presentation.	1	2	3	4	5	
4. Presented adequate exercises/examples.	1	2	3	4	5	

## D. Course Administration

	Lowest	→				Highest
1. Course announcements, employee notifications were clear and prompt.	1	2	3	4	5	
2. Facilities were conducive to learning.	1	2	3	4	5	
3. Appropriate computer resources were available. (check N/A if applicable)	1	2	3	4	5	

## E. Applications

	Lowest	→				Highest
1. Overall application of course to current duties.	1	2	3	4	5	
2. What new insights have you acquired as a result of taking this course? (Use back of form; if necessary)						

## F. Length of Course (X in box of your choice)

Was the course length appropriate for the material covered?  Too Short  Adequate  Too long

## G. Did you complete necessary prerequisites listed on profile? Yes No N/A

If yes, were they appropriate? \_\_\_\_\_

List any additional prerequisite(s) you think are necessary. \_\_\_\_\_

## H. Other Comments (suggestions to improve the course, etc.) use back of form; if necessary

Explain low scores (1 or 2) for sections A-D

<input type="checkbox"/> DCS	<input type="checkbox"/> OEEAS	<input type="checkbox"/> OSES
<input type="checkbox"/> OASSIS	<input type="checkbox"/> OESAE	<input type="checkbox"/> OTSO
<input type="checkbox"/> ODS	<input type="checkbox"/> ORSIS	<input type="checkbox"/> OTHER

NAME (optional): \_\_\_\_\_  
 Series \_\_\_\_\_ Grade \_\_\_\_\_ Job Title \_\_\_\_\_

# Course Evaluation Technical Training for Professional Development

Course Title and Number: ENDEVOR,  
#031350

Date: 02/22-23/2010

Primary Instructor: Dave Silverberg

## A. Course Objectives: (1 LOW → 5 HIGH)

Circle Degree to which specific course objectives were met or Highlight (use the numbered objectives on the course profile)

Lowest	→				Highest	Lowest	→				Highest
1.	1	2	3	4	5	7.	1	2	3	4	5
2.	1	2	3	4	5	8.	1	2	3	4	5
3.	1	2	3	4	5	9.	1	2	3	4	5
4.	1	2	3	4	5	10.	1	2	3	4	5
5.	1	2	3	4	5	11.	1	2	3	4	5
6.	1	2	3	4	5	12.	1	2	3	4	5

## B. Course Content and Design

	Lowest	→				Highest
1. Learning objectives were organized and clear.	1	2	3	4	5	
2. Effectiveness of methodology (lecture, readings, demo)	1	2	3	4	5	
3. Sufficient exercises were used to reinforce and measure learning	1	2	3	4	5	

## C. Quality of Instruction

	Lowest	→				Highest
1. Instructor's knowledge of subject	1	2	3	4	5	
2. Responsiveness to questions or need for help.	1	2	3	4	5	
3. Organization and presentation.	1	2	3	4	5	
4. Presented adequate exercises/examples.	1	2	3	4	5	

## D. Course Administration

	Lowest	→				Highest
1. Course announcements, employee notifications were clear and prompt.	1	2	3	4	5	
2. Facilities were conducive to learning.	1	2	3	4	5	
3. Appropriate computer resources were available. (check N/A if applicable)	1	2	3	4	5	

## E. Applications

	Lowest	→				Highest
1. Overall application of course to current duties.	1	2	3	4	5	
2. What new insights have you acquired as a result of taking this course? (Use back of form; if necessary)						

## F. Length of Course (X in box of your choice)

Was the course length appropriate for the material covered?  Too Short  Adequate  Too long

## G. Did you complete necessary prerequisites listed on profile? Yes No N/A

If yes, were they appropriate? \_\_\_\_\_

List any additional prerequisite(s) you think are necessary.

## H. Other Comments (suggestions to improve the course, etc.) use back of form; if necessary

Explain low scores (1 or 2) for sections A-D

- |                                 |   |                                |
|---------------------------------|---|--------------------------------|
| <input type="checkbox"/> DCS    | <input checked="" type="checkbox"/> OEEAS | <input type="checkbox"/> OSES  |
| <input type="checkbox"/> OASSIS | <input type="checkbox"/> OESAE            | <input type="checkbox"/> OTSO  |
| <input type="checkbox"/> ODS    | <input type="checkbox"/> ORSIS            | <input type="checkbox"/> OTHER |

NAME (optional): \_\_\_\_\_  
Series \_\_\_\_\_ Grade \_\_\_\_\_ Job Title \_\_\_\_\_

# Course Evaluation Technical Training for Professional Development

Course Title and Number: ENDEVOR,  
#031350

Date: 02/22-23/2010

Primary Instructor: Dave Silverberg

## A. Course Objectives: (1 LOW → 5 HIGH)

Circle Degree to which specific course objectives were met or Highlight (use the numbered objectives on the course profile)

Lowest	→				Highest	Lowest	→				Highest
1.	1	2	3	4	5	7.	1	2	3	4	5
2.	1	2	3	4	5	8.	1	2	3	4	5
3.	1	2	3	4	5	9.	1	2	3	4	5
4.	1	2	3	4	5	10.	1	2	3	4	5
5.	1	2	3	4	5	11.	1	2	3	4	5
6.	1	2	3	4	5	12.	1	2	3	4	5

## B. Course Content and Design

	Lowest	→				Highest
1. Learning objectives were organized and clear.	1	2	3	4	5	
2. Effectiveness of methodology (lecture, readings, demo)	1	2	3	4	5	
3. Sufficient exercises were used to reinforce and measure learning	1	2	3	4	5	

## C. Quality of Instruction

	Lowest	→				Highest
1. Instructor's knowledge of subject	1	2	3	4	5	
2. Responsiveness to questions or need for help.	1	2	3	4	5	
3. Organization and presentation.	1	2	3	4	5	
4. Presented adequate exercises/examples.	1	2	3	4	5	

## D. Course Administration

	Lowest	→				Highest
1. Course announcements, employee notifications were clear and prompt.	1	2	3	4	5	
2. Facilities were conducive to learning.	1	2	3	4	5	
3. Appropriate computer resources were available. (check N/A if applicable)	1	2	3	4	5	

## E. Applications

	Lowest	→				Highest
1. Overall application of course to current duties.	1	2	3	4	5	

2. What new insights have you acquired as a result of taking this course? (Use back of form, if necessary)

*This is a great tool to support work done in AWR.*

## F. Length of Course (X in box of your choice)

Was the course length appropriate for the material covered?  Too Short  Adequate  Too long

G. Did you complete necessary prerequisites listed on profile?  Yes  No  N/A

If yes, were they appropriate? \_\_\_\_\_

List any additional prerequisite(s) you think are necessary. \_\_\_\_\_

H. Other Comments (suggestions to improve the course, etc.) use back of form; if necessary

Explain low scores (1 or 2) for sections A-D

<input type="checkbox"/> DCS	<input checked="" type="checkbox"/> OEEAS	<input type="checkbox"/> OSES
<input type="checkbox"/> OASSIS	<input type="checkbox"/> OESAE	<input type="checkbox"/> OTSO
<input type="checkbox"/> ODS	<input type="checkbox"/> ORSIS	<input type="checkbox"/> OTHER

NAME (optional): \_\_\_\_\_  
Series \_\_\_\_\_ Grade \_\_\_\_\_ Job Title \_\_\_\_\_

# Course Evaluation Technical Training for Professional Development

Course Title and Number: ENDEVOR, #031350

Date: 02/22-23/2010

Primary Instructor: Dave Silverberg

## A. Course Objectives: (1 LOW → 5 HIGH)

Circle Degree to which specific course objectives were met or Highlight (use the numbered objectives on the course profile)

Lowest	→				Highest	Lowest	→				Highest
1.	1	2	3	4	5	7.	1	2	3	4	5
2.	1	2	3	4	5	8.	1	2	3	4	5
3.	1	2	3	4	5	9.	1	2	3	4	5
4.	1	2	3	4	5	10.	1	2	3	4	5
5.	1	2	3	4	5	11.	1	2	3	4	5
6.	1	2	3	4	5	12.	1	2	3	4	5

## B. Course Content and Design

	Lowest	→				Highest
1. Learning objectives were organized and clear.	1	2	3	4	5	
2. Effectiveness of methodology (lecture, readings, demo)	1	2	3	4	5	
3. Sufficient exercises were used to reinforce and measure learning	1	2	3	4	5	

## C. Quality of Instruction

	Lowest	→				Highest
1. Instructor's knowledge of subject	1	2	3	4	5	
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3. Organization and presentation.	1	2	3	4	5	
4. Presented adequate exercises/examples.	1	2	3	4	5	

## D. Course Administration

	Lowest	→				Highest
1. Course announcements, employee notifications were clear and prompt.	1	2	3	4	5	
2. Facilities were conducive to learning.	1	2	3	4	5	
3. Appropriate computer resources were available. (check N/A if applicable)	1	2	3	4	5	

## E. Applications

	Lowest	→				Highest
1. Overall application of course to current duties.	1	2	3	4	5	
2. What new insights have you acquired as a result of taking this course? (Use back of form; if necessary)	learned why we do things in Endevor					

## F. Length of Course (X in box of your choice)

Was the course length appropriate for the material covered?  Too Short  Adequate  Too long

## G. Did you complete necessary prerequisites listed on profile? Yes No N/A

If yes, were they appropriate? Yes

List any additional prerequisite(s) you think are necessary.

## H. Other Comments (suggestions to improve the course, etc.) use back of form; if necessary

Explain low scores (1 or 2) for sections A-D

<input type="checkbox"/> DCS	<input type="checkbox"/> OEEAS	<input type="checkbox"/> OSES
<input type="checkbox"/> OASSIS	<input type="checkbox"/> OESAE	<input type="checkbox"/> OTSO
<input type="checkbox"/> ODS	<input checked="" type="checkbox"/> ORSIS	<input type="checkbox"/> OTHER

NAME (optional): \_\_\_\_\_  
 Series \_\_\_\_\_ Grade \_\_\_\_\_ Job Title \_\_\_\_\_