

# Course Evaluation Technical Training for Professional Development

Course Title and Number: FILE-AID BATCH | Date: July 16-17, 2008 | Primary Instructor: David 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)  
*I've learnt how to manipulate files on the mainframe more easily*

## 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 checked="" type="checkbox"/> OESAE | <input type="checkbox"/> OTSO  |
| <input type="checkbox"/> ODS    | <input type="checkbox"/> ORSIS            | <input type="checkbox"/> OTHER |

NAME (optional): Moshe Gluckman  
 Series \_\_\_\_\_ Grade \_\_\_\_\_ Job Title IT Specialist

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Lowest	→					Highest	Lowest	→					Highest
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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	
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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

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<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 13 Job Title IT Specialist

# Course Evaluation Technical Training for Professional Development

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

- |                                 |                                |                                |
|---------------------------------|--------------------------------|--------------------------------|
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| <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 \_\_\_\_\_

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1.	1	2	3	4	5	7.	1	2	3	4	5
2.	1	2	3	4	5	8.	1	2	3	4	5
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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	
3. Appropriate computer resources were available. (check N/A if applicable)	1	2	3	4	<del>5</del>	

## E. Applications

	Lowest	→			Highlight	Highest
1. Overall application of course to current duties.	1	2	3	4	5	
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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 checked="" type="checkbox"/> OTSO |
| <input type="checkbox"/> ODS    | <input type="checkbox"/> ORSIS | <input type="checkbox"/> OTHER           |

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

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## 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)	I know how to use fileAid now, for basic file manipulations.					

## 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

Course seemed to move fast in the beginning, but was better the second day once I was familiar w/ the utility. Instructor very knowledgeable!

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

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

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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)	I learned many more File-AID commands (functions) and parameters and <del>the</del> practical applications for them.					

## 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. Basic knowledge of COBOL file layouts

## 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

Would like to see examples with JCL ~~Access~~ for commands requiring multiple \$\$\$Dnn files and multiple outputs

<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 12

Job Title IT Specialist

# Course Evaluation Technical Training for Professional Development

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2.	1	2	3	4	5	8.	1	2	3	4	5
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1. Instructor's knowledge of subject	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	
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)						

Very Good.

## 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 checked="" 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): Arkady Heerman  
 Series \_\_\_\_\_ Grade \_\_\_\_\_ Job Title Developer

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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
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## B. Course Content and Design

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1. Learning objectives were organized and clear.	1	2	3	4	(5)
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3. Sufficient exercises were used to reinforce and measure learning	1	2	(3)	4	5

## C. Quality of Instruction

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1. Instructor's knowledge of subject	1	2	3	4	(5)
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## 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)

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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

MORE EXERCISES/LABS WOULD BE HELPFUL OR A FOLLOWUP WORKSHOP.

<input type="checkbox"/> DCS	<input type="checkbox"/> OEEAS	<input checked="" 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 \_\_\_\_\_

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

more hands-on learning - too much lecture for a computer class

- |                                 |                                |                                |
|---------------------------------|--------------------------------|--------------------------------|
| <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: FILE-AID BATCH | Date: July 16-17, 2008 | Primary Instructor: David 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)

File Aid Batch Resource Depth-Power-

## 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 checked="" type="checkbox"/> ORSIS | <input type="checkbox"/> OTHER |

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

# Course Evaluation Technical Training for Professional Development

Course Title and Number: FILE-AID BATCH | Date: July 16-17, 2008 | Primary Instructor: David 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 type="checkbox"/> OEEAS	<input checked="" 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: FILE-AID BATCH | Date: July 16-17, 2008 | Primary Instructor: David 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
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6.	1	2	3	4	5	12.	1	2	3	4	5

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	Lowest	→				Highest
1. Learning objectives were organized and clear.	1	2	3	4	5	
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## C. Quality of Instruction

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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	
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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? \_\_\_\_\_

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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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<input checked="" 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: FILE-AID BATCH | Date: July 16-17, 2008 | Primary Instructor: David 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

*I had issues with 2 of the PC's which put me behind in the labs. Moved 3 times.*

## 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

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<input type="checkbox"/> ODS	<input type="checkbox"/> ORSIS	<input type="checkbox"/> OTHER

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