

Course Evaluation Technical Training for Professional Development

Course Title and Number: FILE-AID for Programmers #031440

Date: July 14-15, 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 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): _____

Series 334 Grade 12 Job Title Camp Speaker.

Course Evaluation Technical Training for Professional Development

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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	
3.	1	2	3	4	5		9.	1	2	3	4	5	
4.	1	2	3	4	5		10.	1	2	3	4	5	
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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	
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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2. What new insights have you acquired as a result of taking this course? (Use back of form; if necessary)						

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

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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

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|---------------------------------|---|--------------------------------|
| <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 13

Job Title IT Specialist

Course Evaluation Technical Training for Professional Development

Course Title and Number: FILE-AID for Programmers #031440

Date: July 14-15, 2008

Primary Instructor: David Silverberg

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

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Lowest	→				Highest	Lowest	→				Highest
1.	1	2	3	4	5	7.	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)

CREATION OF VBA MACROS UTILIZING FILE AID, SORTING USING FILE AID

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

NAME (optional): _____
 Series _____ Grade _____ Job Title _____

Course Evaluation Technical Training for Professional Development

Course Title and Number: FILE-AID for Programmers #031440

Date: July 14-15, 2008

Primary Instructor: David Silverberg

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

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1. Instructor's knowledge of subject	1	2	3	4	5
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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? _____

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):

Series ES-1115 Grade _____ Job Title IT Programmer

Course Evaluation Technical Training for Professional Development

Course Title and Number: FILE-AID for Programmers #031440

Date: July 14-15, 2008

Primary Instructor: David Silverberg

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

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Lowest	→				Highest	Lowest	→				Highest
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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? _____

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 HANDS ON EXERCISES

<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): _____

Series _____

Grade 12

Job Title IT SPECIALIST

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Primary Instructor: David Silverberg

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

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- | | | |
|---------------------------------|--------------------------------|--|
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| <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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NAME (optional): _____
 Series _____ Grade _____ Job Title _____

Course Evaluation Technical Training for Professional Development

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

NAME (optional): _____
 Series _____ Grade _____ Job Title _____

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E. Applications

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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)
more proficiency w/ file-aid. will definitely help w/my job. A couple minor, simple things turn out to be very useful. Should have taken this ages ago

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

Instructor is great but sometimes wanders into stories/tangents, which can cause some of us ADD types to drift, but other than that, good course.

DCS

OEEAS

OSES

OASSIS

OESAE

OTSO

ODS

ORSIS

OTHER

NAME (optional): _____

Series _____

Grade *12*

Job Title *IT Specialist*

Course Evaluation Technical Training for Professional Development

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Date: July 14-15, 2008

Primary Instructor: David Silverberg

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

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	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

ROOM WAS TOO COLD

<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: FILE-AID for Programmers #031440

Date: July 14-15, 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

Not that it applies to this course but you really need to find a better way to do these evaluations in a way that the instructor and other students can't see what you're doing.

- | | | |
|---|--------------------------------|--------------------------------|
| <input checked="" 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 for Programmers #031440

Date: July 14-15, 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

Thank

<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): Engr. Shivar
 Series _____ Grade _____ Job Title _____

Course Evaluation Technical Training for Professional Development

Course Title and Number: FILE-AID for Programmers #031440

Date: July 14-15, 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 type="checkbox"/> OSES
<input type="checkbox"/> QASSIS	<input type="checkbox"/> OESAE	<input type="checkbox"/> OTSO
<input checked="" type="checkbox"/> ODS	<input type="checkbox"/> ORSIS	<input type="checkbox"/> OTHER

NAME (optional): _____

Series _____

Grade 12

Job Title Computer Specialist