

# Course Evaluation Technical Training for Professional Development

Course Title and Number: File-AID Batch #031530

Date: Nov 23-24, 2009

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 \_\_\_\_\_

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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

- |  |                                |                                |
|--|--------------------------------|--------------------------------|
| <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): Barry Shipp  
 Series \_\_\_\_\_ Grade \_\_\_\_\_ Job Title \_\_\_\_\_

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

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

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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 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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	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)	BETTER USE OF 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 checked="" 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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1.	1	2	3	4	5	7.	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
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## E. Applications

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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

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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

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

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2.	1	2	3	④	5		8.	1	2	3	④	5	
3.	1	2	3	<del>4</del>	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

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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)							

## 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

*Excellent Teacher*

DCS

OEEAS

OSES

OASSIS

OESAE

OTSO

ODS

ORSIS

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)  
*good tool for creating test files + manipulating data*

## 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 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 \_\_\_\_\_

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

*Expanded current understanding. Learned new and better ways to form test data and to research production problems. Found faster ways to identify field positions*

## 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

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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

*This was a great course, very useful in my job duties*

DCS

OEEAS

OSES

OASSIS

OESAE

OTSO

ODS

ORSIS

OTHER

NAME (optional): \_\_\_\_\_

Series \_\_\_\_\_

Grade 12

Job Title IT Specialist



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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 14 Job Title \_\_\_\_\_

# Course Evaluation Technical Training for Professional Development

Course Title and Number: File-AID Batch #031530

Date: Nov 23-24, 2009

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? 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 type="checkbox"/> OTHER |

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

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	Lowest → Highest						Lowest → Highest				
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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. <i>too cold</i>	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 13 Job Title \_\_\_\_\_

# Course Evaluation Technical Training for Professional Development

Course Title and Number: File-AID Batch #031530

Date: Nov 23-24, 2009

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	
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## 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)						

## 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

DCS

OEEAS

OSES

OASSIS

OESAE

OTSO

ODS

ORSIS

OTHER

NAME (optional): \_\_\_\_\_

Series \_\_\_\_\_ Grade \_\_\_\_\_ Job Title \_\_\_\_\_

# Course Evaluation Technical Training for Professional Development

Course Title and Number: File-AID Batch #031530

Date: Nov 23-24, 2009

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

## 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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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

## 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? 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 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): RUSSELL K SMITH  
 Series \_\_\_\_\_ Grade 12 Job Title IT SPECIALIST

# Course Evaluation Technical Training for Professional Development

Course Title and Number: File-AID Batch #031530

Date: Nov 23-24, 2009

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
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## B. Course Content and Design

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1. Instructor's knowledge of subject	1	2	3	4	5	
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	Lowest	→				Highest
1. Course announcements, employee notifications were clear and prompt.	1	2	3	4	5	
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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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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 checked="" type="checkbox"/> OTSO |
| <input type="checkbox"/> ODS    | <input type="checkbox"/> ORSIS | <input type="checkbox"/> OTHER           |

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