

Course Evaluation Technical Training for Professional Development

Course Title and Number:
File-AID for RDX -- # 031470

Date:
NOVEMBER 22, 2011

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? 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 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 _____

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| <input type="checkbox"/> OASSIS | <input type="checkbox"/> OESAE | <input type="checkbox"/> OTSO |
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Explain low scores (1 or 2) for sections A-D

DCS

OEEAS

OSES

OASSIS

OESAE

OTSO

ODS

ORSIS

OTHER

NAME (optional): _____

Series

GS

Grade

12

Job Title

IT Specialist

Course Evaluation Technical Training for Professional Development

Course Title and Number:
File-AID for RDX -- # 031470

Date:
NOVEMBER 22, 2011

Primary Instructor:
DAVE SILVERBERG

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DCS

OEEAS

OSES

OASSIS

OESAE

OTSO

ODS

ORSIS

OTHER

NAME (optional): _____

Series GS

Grade 12

Job Title ZT Specialist

Course Evaluation Technical Training for Professional Development

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File-AID for RDX -- # 031470

Date:
NOVEMBER 22, 2011

Primary Instructor:
DAVE SILVERBERG

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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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- | | | |
|---------------------------------|--------------------------------|--------------------------------|
| <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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Date:

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None.

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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

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

NAME (optional):

Series GS Grade 11 Job Title IT Specialist

Course Evaluation Technical Training for Professional Development

Course Title and Number:
File-AID for RDX -- # 031470

Date:
NOVEMBER 22, 2011

Primary Instructor:
DAVE SILVERBERG

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OEEAS

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ODS

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OTHER

NAME (optional): _____

Series _____

Grade _____

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DCS

OEEAS

OSES

OASSIS

OESAE

OTSO

ODS

ORSIS

OTHER

NAME (optional):

Series 2210 Grade 13 Job Title IT Specialist

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Date:
NOVEMBER 22, 2011

Primary Instructor:
DAVE SILVERBERG

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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)					

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 checked="" 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 RDX -- # 031470

Date:

NOVEMBER 22, 2011

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)						

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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 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 RDX -- # 031470

Date:

NOVEMBER 22, 2011

Primary Instructor:

DAVE SILVERBERG

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(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
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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)	

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

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NAME (optional): _____

Series _____

Grade _____

Job Title _____

Course Evaluation Technical Training for Professional Development

Course Title and Number:

File-AID for RDX -- # 031470

Date:

NOVEMBER 22, 2011

Primary Instructor:

DAVE SILVERBERG

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

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OTSO

ODS

ORSIS

OTHER

NAME (optional): D. Nung

Series _____

Grade _____

Job Title IT Spec