

# Course Evaluation Technical Training for Professional Development

Course Title and Number: File-Aid for Analysts #031450

Date: July 1, 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): \_\_\_\_\_  
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- |                                 |                                |                                |
|---------------------------------|--------------------------------|--------------------------------|
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NAME (optional): \_\_\_\_\_  
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DCS

OEEAS

OSES

OASSIS

OESAE

OTSO

ODS

OESIS

OTHER

NAME (optional): Mungin

Series \_\_\_\_\_

Grade \_\_\_\_\_

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

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DCS

OEEAS

OSES

OASSIS

OESAE

OTSO

ODS

ORSIS

OTHER

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

Series \_\_\_\_\_

Grade 12

Job Title

IT Specialist

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OEEAS

OSES

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Using **FileAid** utilities

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## 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

BCS

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 for Analysts #031450

Date: July 1, 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 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 for Analysts #031450

Date: July 1, 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	5	7.	1	2	3	4	5	
2.	1	2	3	4	5	5	8.	1	2	3	4	5	
3.	1	2	3	4	5	5	9.	1	2	3	4	5	
4.	1	2	3	4	5	5	10.	1	2	3	4	5	
5.	1	2	3	4	5	5	11.	1	2	3	4	5	
6.	1	2	3	4	5	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	5	
2. Effectiveness of methodology (lecture, readings, demo)	1	2	3	4	5	5	
3. Sufficient exercises were used to reinforce and measure learning	1	2	3	4	5	5	

## C. Quality of Instruction

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

## D. Course Administration

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

## E. Applications

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

2210

Grade

6-8 11

Job Title

Systems Analyst

# Course Evaluation Technical Training for Professional Development

Course Title and Number: File-Aid for Analysts #031450

Date: July 1, 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 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 GS-12

Job Title IT Specialist

# Course Evaluation Technical Training for Professional Development

Course Title and Number: File-Aid for Analysts #031450

Date: July 1, 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 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 \_\_\_\_\_