

Course Evaluation Technical Training for Professional Development

Course Title and Number: FILE-AID Analyst Training #031450

Date: December 14, 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 type="checkbox"/> OTSO
<input type="checkbox"/> ODS	<input checked="" type="checkbox"/> ORSIS	<input type="checkbox"/> OTHER

NAME (optional):

Series 210 Grade 13 Job Title TEAM LEAD

Course Evaluation Technical Training for Professional Development

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 Series _____ Grade _____ Job Title _____

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

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

Course Evaluation Technical Training for Professional Development

Course Title and Number: FILE-AID Analyst Training #031450

Date: December 14, 2009

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

NAME (optional): _____
 Series _____ Grade 12 Job Title IT Specialist

Course Evaluation Technical Training for Professional Development

Course Title and Number: FILE-AID Analyst Training #031450

Date: December 14, 2009

Primary Instructor: David Silverberg

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

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package should be more detailed spent too much time of explanation than too fast on labs ~~etc~~ - screens for each step should be in package -

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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 checked="" 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 Analyst Training #031450

Date: December 14, 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)

Better method to perform my work

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 12

Job Title IT Specialist

Course Evaluation Technical Training for Professional Development

Course Title and Number: FILE-AID Analyst Training #031450

Date: December 14, 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 checked="" 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 Analyst Training #031450

Date: December 14, 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)

I have a better understanding of the utilities in 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? _____

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

Presenter was very knowledgeable but I think more hands on exercises would have been beneficial

- | | | |
|---------------------------------|---|--------------------------------|
| <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 _____