

# Course Evaluation Technical Training for Professional Development

Course Title and Number:  
FILE-AID FOR ANALYSTS -- #031450

Date:  
JULY 13, 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)						

*Gain additional insight on 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

<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 \_\_\_\_\_

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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

EXCELLENT INSTRUCTOR (MR. SILVERBERG)

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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 12

Job Title SA SILVERBERG

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JULY 13, 2011

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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. <i>Too Cold, as always</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				
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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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<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): Teri Kemell  
 Series: RS-2210 Grade: B3 Job Title: Team Lead

# Course Evaluation Technical Training for Professional Development

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FILE-AID FOR ANALYSTS -- #031450

Date:

JULY 13, 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)

Gained knowledge of copying ~~DCS~~ datasets, characteristics using selection criteria and ~~filtering~~ a file.

## 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.

Very interesting and useful course. I think it would be helpful to have more indepth followup training.

- |                                 |   |                                |
|---------------------------------|---|--------------------------------|
| <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 \_\_\_\_\_

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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)

*I better understand this tool and I feel confident and able to become creative*

## 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? TSD / SPK

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 \_\_\_\_\_

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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)

New commands learned & better documentation of files/datasets in my system.

## 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

This course is best for Polks who have a good working knowledge of TSO / ISPF.

<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): Jane Cassidy  
Series \_\_\_\_\_ Grade 0 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 \_\_\_\_\_

# Course Evaluation Technical Training for Professional Development

Course Title and Number:  
FILE-AID FOR ANALYSTS -- #031450

Date:  
JULY 13, 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?

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 checked="" 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 13, 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? \_\_\_\_\_

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"/> OSSES |
| <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 13, 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
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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	
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	Lowest	→				Highest
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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  
Would like to see more advanced class

<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): \_\_\_\_\_  
Series \_\_\_\_\_ Grade \_\_\_\_\_ Job Title \_\_\_\_\_