

**Systems Training and Communications Branch  
Course Evaluation  
Technical Training for Professional Development**

Course Title and Number: FILE-AID FOR DB2 (DB2 CURRICULUM) -- #031460

Date: AUGUST 17, 2009

Primary Instructor: DAVE SILVERBERG

**A. Course Objectives:** Please check the box next to the number that represents the degree to which specific course objectives were met. (1 LOW → 5 HIGH)

Degree to which specific course objectives were met (use the numbered objectives on the course profile)

Lowest	→				Highest	Lowest	→				Highest
1.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	7.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	8.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	9.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	10.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	11.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	12.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**B. Course Content and Design**

	Lowest	→				Highest
1. Learning objectives were organized and clear.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	
2. Effectiveness of methodology (lecture, readings, demo)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	
3. Sufficient exercises were used to reinforce and measure learning	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	

**C. Quality of Instruction**

	Lowest	→				Highest
1. Instructor's knowledge of subject	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	
2. Responsiveness to questions or need for help.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	
3. Organization and presentation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	
4. Presented adequate exercises/examples.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	

**D. Course Administration**

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

**E. Applications**

	Lowest	→				Highest
1. Overall application of course to current duties.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	

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

*I learned how to utilize the various functions of File-Aid.*

**F. Length of Course**

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  
*The instructor was very effective in teaching. I was able to follow and efficiently complete the exercises. His good sense of humor was also a great asset to his teaching. He kept the class engaged. I really like his teaching style.*

- |  |                                |                                |
|--|--------------------------------|--------------------------------|
| <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"/> ORSI  | <input type="checkbox"/> OTHER |

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

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**B. Course Content and Design**

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**C. Quality of Instruction**

	Lowest	→	Highest		
1. Instructor's knowledge of subject	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
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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 type="checkbox"/> OTSO  |
| <input type="checkbox"/> ODS    | <input type="checkbox"/> ORSE             | <input type="checkbox"/> OTHER |

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**C. Quality of Instruction**

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OEEA  
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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? \_\_\_\_\_

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

DEEAS

OSES

OASSIS

OESAE

OTSO

ODS

OORSL

OTHER

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

Series \_\_\_\_\_ Grade \_\_\_\_\_

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

**Systems Training and Communications Branch  
Course Evaluation  
Technical Training for Professional Development**

Course Title and Number: FILE-AID FOR DB2 (DB2 CURRICULUM) -- #031460

Date: AUGUST 17, 2009

Primary Instructor: DAVE SILVERBERG

**A. Course Objectives:** Please check the box next to the number that represents the degree to which specific course objectives were met. (1 LOW → 5 HIGH)

Degree to which specific course objectives were met (use the numbered objectives on the course profile)

Lowest → Highest					Lowest → Highest						
1.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	7.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	8.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	9.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	10.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	11.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	12.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**B. Course Content and Design**

	Lowest	→			Highest
1. Learning objectives were organized and clear.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2. Effectiveness of methodology (lecture, readings, demo)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
3. Sufficient exercises were used to reinforce and measure learning	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>

**C. Quality of Instruction**

	Lowest	→			Highest
1. Instructor's knowledge of subject	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2. Responsiveness to questions or need for help.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
3. Organization and presentation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
4. Presented adequate exercises/examples.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>

**D. Course Administration**

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

**E. Applications**

	Lowest	→			Highest
1. Overall application of course to current duties.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2. What new insights have you acquired as a result of taking this course? (Use back of form; if necessary)					

**F. Length of Course**

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 checked="" type="checkbox"/> DEEAS	<input type="checkbox"/> OSES
<input type="checkbox"/> OASSIS	<input type="checkbox"/> OESAE	<input type="checkbox"/> OTSO
<input type="checkbox"/> ODS	<input type="checkbox"/> ORSES	<input type="checkbox"/> OTHER

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

**Systems Training and Communications Branch  
Course Evaluation  
Technical Training for Professional Development**

Course Title and Number: FILE-AID FOR DB2 (DB2 CURRICULUM) -- #031460

Date: AUGUST 17, 2009

Primary Instructor: DAVE SILVERBERG

**A. Course Objectives:** Please check the box next to the number that represents the degree to which specific course objectives were met. (1 LOW → 5 HIGH)

Degree to which specific course objectives were met (use the numbered objectives on the course profile)

Lowest → Highest					Lowest → Highest						
1.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	7.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	8.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	9.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	10.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	11.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	12.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**B. Course Content and Design**

	Lowest	→	Highest		
1. Learning objectives were organized and clear.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2. Effectiveness of methodology (lecture, readings, demo)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
3. Sufficient exercises were used to reinforce and measure learning	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>

**C. Quality of Instruction**

	Lowest	→	Highest		
1. Instructor's knowledge of subject	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2. Responsiveness to questions or need for help.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
3. Organization and presentation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
4. Presented adequate exercises/examples.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>

**D. Course Administration**

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

**E. Applications**

	Lowest	→	Highest		
1. Overall application of course to current duties.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2. What new insights have you acquired as a result of taking this course? (Use back of form; if necessary)					

**F. Length of Course**

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"/> DEEAS	<input type="checkbox"/> OSES
<input checked="" type="checkbox"/> OASSIS	<input type="checkbox"/> OESAE	<input type="checkbox"/> OTSO
<input type="checkbox"/> ODS	<input type="checkbox"/> ORSE	<input type="checkbox"/> OTHER

NAME (optional): \_\_\_\_\_  
 Series \_\_\_\_\_ Grade 13 Job Title \_\_\_\_\_

**Systems Training and Communications Branch  
Course Evaluation  
Technical Training for Professional Development**

Course Title and Number: FILE-AID FOR DB2 (DB2 CURRICULUM) -- #031460

Date: AUGUST 17, 2009

Primary Instructor: DAVE SILVERBERG

**A. Course Objectives:** Please check the box next to the number that represents the degree to which specific course objectives were met. (1 LOW → 5 HIGH)

Degree to which specific course objectives were met (use the numbered objectives on the course profile)

Lowest → Highest					Lowest → Highest						
1.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>	7.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>	8.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>	9.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>	10.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	11.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	12.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**B. Course Content and Design**

	Lowest	→	Highest		
1. Learning objectives were organized and clear.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2. Effectiveness of methodology (lecture, readings, demo)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
3. Sufficient exercises were used to reinforce and measure learning	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>

**C. Quality of Instruction**

	Lowest	→	Highest		
1. Instructor's knowledge of subject	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2. Responsiveness to questions or need for help.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
3. Organization and presentation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
4. Presented adequate exercises/examples.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>

**D. Course Administration**

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

**E. Applications**

	Lowest	→	Highest		
1. Overall application of course to current duties.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>
2. What new insights have you acquired as a result of taking this course? (Use back of form; if necessary)					

**F. Length of Course**

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 checked="" 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"/> ORSE	<input type="checkbox"/> OTHER
NAME (optional): _____		
Series _____	Grade _____	Job Title _____



**Systems Training and Communications Branch  
Course Evaluation  
Technical Training for Professional Development**

Course Title and Number: FILE-AID FOR DB2 (DB2 CURRICULUM) -- #031460

Date: AUGUST 17, 2009

Primary Instructor: DAVE SILVERBERG

**A. Course Objectives:** Please check the box next to the number that represents the degree to which specific course objectives were met. (1 LOW → 5 HIGH)

Degree to which specific course objectives were met (use the numbered objectives on the course profile)

Lowest → Highest					Lowest → Highest						
1.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	7.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	8.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>	9.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	10.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>	11.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	12.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**B. Course Content and Design**

	Lowest	→	Highest		
1. Learning objectives were organized and clear.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2. Effectiveness of methodology (lecture, readings, demo)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
3. Sufficient exercises were used to reinforce and measure learning	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>

**C. Quality of Instruction**

	Lowest	→	Highest		
1. Instructor's knowledge of subject	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2. Responsiveness to questions or need for help.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
3. Organization and presentation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
4. Presented adequate exercises/examples.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>

**D. Course Administration**

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

**E. Applications**

	Lowest	→	Highest		
1. Overall application of course to current duties.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2. What new insights have you acquired as a result of taking this course? (Use back of form; if necessary)					

**F. Length of Course**

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 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"/> ORSI	<input type="checkbox"/> OTHER

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

**Systems Training and Communications Branch  
Course Evaluation  
Technical Training for Professional Development**

Course Title and Number: FILE-AID FOR DB2 (DB2 CURRICULUM) -- #031460

Date: AUGUST 17, 2009

Primary Instructor: DAVE SILVERBERG

**A. Course Objectives:** Please check the box next to the number that represents the degree to which specific course objectives were met. (1 LOW → 5 HIGH)

Degree to which specific course objectives were met (use the numbered objectives on the course profile)

Lowest → Highest					Lowest → Highest						
1.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	7.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	8.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	9.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	10.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	11.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	12.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**B. Course Content and Design**

	Lowest	→			Highest
1. Learning objectives were organized and clear.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2. Effectiveness of methodology (lecture, readings, demo)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
3. Sufficient exercises were used to reinforce and measure learning	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>

**C. Quality of Instruction**

	Lowest	→			Highest
1. Instructor's knowledge of subject	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2. Responsiveness to questions or need for help.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
3. Organization and presentation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
4. Presented adequate exercises/examples.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>

**D. Course Administration**

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

**E. Applications**

	Lowest	→			Highest
1. Overall application of course to current duties.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>
2. What new insights have you acquired as a result of taking this course? (Use back of form; if necessary)					

**F. Length of Course**

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 checked="" type="checkbox"/> JOELAN	<input type="checkbox"/> OSES
<input type="checkbox"/> OASSIS	<input type="checkbox"/> JOESAE	<input type="checkbox"/> OTSO
<input type="checkbox"/> ODS	<input type="checkbox"/> JORSU	<input type="checkbox"/> OTHER

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

**Systems Training and Communications Branch  
Course Evaluation  
Technical Training for Professional Development**

Course Title and Number: FILE-AID FOR DB2 (DB2 CURRICULUM) -- #031460

Date: AUGUST 17, 2009

Primary Instructor: DAVE SILVERBERG

**A. Course Objectives:** Please check the box next to the number that represents the degree to which specific course objectives were met. (1 LOW → 5 HIGH)

Degree to which specific course objectives were met (use the numbered objectives on the course profile)

	Lowest	→			Highest		Lowest	→			Highest
1.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>	7.	1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>	8.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	9.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>	10.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	11.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input checked="" type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	12.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**B. Course Content and Design**

	Lowest	→			Highest
1. Learning objectives were organized and clear.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>
2. Effectiveness of methodology (lecture, readings, demo)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>
3. Sufficient exercises were used to reinforce and measure learning	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>

**C. Quality of Instruction**

	Lowest	→			Highest
1. Instructor's knowledge of subject	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2. Responsiveness to questions or need for help.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
3. Organization and presentation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
4. Presented adequate exercises/examples.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>

**D. Course Administration**

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

**E. Applications**

	Lowest	→			Highest
1. Overall application of course to current duties.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>

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

**F. Length of Course**

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 checked="" type="checkbox"/> OASSIS	<input type="checkbox"/> OESAE	<input type="checkbox"/> OTSO
<input type="checkbox"/> ODS	<input type="checkbox"/> ORSI	<input type="checkbox"/> OTHER
NAME (optional): _____		
Series _____	Grade _____	Job Title _____

**Systems Training and Communications Branch  
Course Evaluation  
Technical Training for Professional Development**

Course Title and Number: FILE-AID FOR DB2 (DB2 CURRICULUM) -- #031460

Date: AUGUST 17, 2009

Primary Instructor: DAVE SILVERBERG

**A. Course Objectives:** Please check the box next to the number that represents the degree to which specific course objectives were met. (1 LOW → 5 HIGH)

Degree to which specific course objectives were met (use the numbered objectives on the course profile)

Lowest → Highest					Lowest → Highest						
1.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	7.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
2.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	8.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	9.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	10.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	11.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	12.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**B. Course Content and Design**

	Lowest	→			Highest
1. Learning objectives were organized and clear.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2. Effectiveness of methodology (lecture, readings, demo)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
3. Sufficient exercises were used to reinforce and measure learning	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>

**C. Quality of Instruction**

	Lowest	→			Highest
1. Instructor's knowledge of subject	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2. Responsiveness to questions or need for help.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
3. Organization and presentation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
4. Presented adequate exercises/examples.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>

**D. Course Administration**

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

**E. Applications**

	Lowest	→			Highest
1. Overall application of course to current duties.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>
2. What new insights have you acquired as a result of taking this course? (Use back of form; if necessary)					

**F. Length of Course**

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 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"/> ORSL	<input type="checkbox"/> OTHER

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

**Systems Training and Communications Branch  
Course Evaluation  
Technical Training for Professional Development**

Course Title and Number: FILE-AID FOR DB2 (DB2 CURRICULUM) -- #031460

Date: AUGUST 17, 2009

Primary Instructor: DAVE SILVERBERG

**A. Course Objectives:** Please check the box next to the number that represents the degree to which specific course objectives were met. (1 LOW → 5 HIGH)

Degree to which specific course objectives were met (use the numbered objectives on the course profile)

	Lowest	→			Highest		Lowest	→			Highest
1.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	7.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	8.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	9.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	10.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	11.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	12.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**B. Course Content and Design**

	Lowest	→			Highest
1. Learning objectives were organized and clear.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2. Effectiveness of methodology (lecture, readings, demo)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
3. Sufficient exercises were used to reinforce and measure learning	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>

**C. Quality of Instruction**

	Lowest	→			Highest
1. Instructor's knowledge of subject	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2. Responsiveness to questions or need for help.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
3. Organization and presentation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
4. Presented adequate exercises/examples.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>

**D. Course Administration**

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

**E. Applications**

	Lowest	→			Highest
1. Overall application of course to current duties.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>
2. What new insights have you acquired as a result of taking this course? (Use back of form; if necessary)					

**F. Length of Course**

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

ORSL

OTHER

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

Series \_\_\_\_\_

Grade \_\_\_\_\_

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

**Systems Training and Communications Branch  
Course Evaluation  
Technical Training for Professional Development**

Course Title and Number: FILE-AID FOR DB2 (DB2 CURRICULUM) -- #031460

Date: AUGUST 17, 2009

Primary Instructor: DAVE SILVERBERG

**A. Course Objectives:** Please check the box next to the number that represents the degree to which specific course objectives were met. (1 LOW → 5 HIGH)

Degree to which specific course objectives were met (use the numbered objectives on the course profile)

Lowest → Highest					Lowest → Highest						
1.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	7.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>
2.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	8.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	9.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
4.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	10.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
5.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>	11.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
6.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>	12.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

**B. Course Content and Design**

	Lowest	→	Highest		
1. Learning objectives were organized and clear.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2. Effectiveness of methodology (lecture, readings, demo)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
3. Sufficient exercises were used to reinforce and measure learning	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>

**C. Quality of Instruction**

	Lowest	→	Highest		
1. Instructor's knowledge of subject	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
2. Responsiveness to questions or need for help.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
3. Organization and presentation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>
4. Presented adequate exercises/examples.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>

**D. Course Administration**

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

**E. Applications**

	Lowest	→	Highest		
1. Overall application of course to current duties.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>
2. What new insights have you acquired as a result of taking this course? (Use back of form; if necessary)					

**F. Length of Course**

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

ORSI

OTHER

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

Series 2210

Grade 13

Job Title Team Lead