Course Evaluation Technical Training for Professional Development

Course Title and Number: FILE-AID WORKSHOP FOR PROGRAMMERS #031440	Date: 04/22-23/2010	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

☐ DCS	☐ OEEAS	☐ OSES
☐ OASSIS	☐ OESAE	☒ OTSO
☐ ODS	☐ ORSIS	☐ OTHER

NAME (optional): _____

Series _____ Grade _____ Job Title _____

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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)
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If yes, were they appropriate? _Yes_

List any additional prerequisite(s) you think are necessary.

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1. Course announcements, employee notifications were clear and prompt.	1	2	3	(4)	5
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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)

Learned how to use File Aid move effeiently.

F. Length of Course (X in box of your choice)

Was the course length appropriate for the material covered?	☐ Too Short	☒ Adequate	☐ Too long

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