

Course Evaluation Technical Training for Professional Development

Course Title and Number:
FILE-AID FOR RDX (DB2 TRAINING CURRICULUM) - #031470

Date:
JANUARY 8, 2009

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 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 _____

Course Evaluation Technical Training for Professional Development

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FILE-AID FOR RDX (DB2 TRAINING CURRICULUM) - #031470

Date:
JANUARY 8, 2009

Primary Instructor:
DAVE SILVERBERG

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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
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	Lowest	→			Highest
1. Instructor's knowledge of subject	1	2	3	4	5
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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): ARLENE CHASE
 Series GS-2210 Grade 13 Job Title IT SPECIALIST

Course Evaluation Technical Training for Professional Development

Course Title and Number:
FILE-AID FOR RDX (DB2 TRAINING CURRICULUM) - #031470

Date:
JANUARY 8, 2009

Primary Instructor:
DAVE SILVERBERG

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

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2.	1	2	3	4	5	8.	1	2	3	4	5
3.	1	2	3	4	5	9.	1	2	3	4	5
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1. Learning objectives were organized and clear.	1	2	3	4	5	
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1. Instructor's knowledge of subject	1	2	3	4	5	
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	Lowest	→				Highest
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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 RDX (DB2 TRAINING CURRICULUM) - #031470

Date:
JANUARY 8, 2009

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 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 _____

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Date:
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Primary Instructor:
DAVE SILVERBERG

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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	
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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	(5)

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	(2)
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 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 _____

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Date:
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Primary Instructor:
DAVE SILVERBERG

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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
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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
1. Instructor's knowledge of subject	1	2	3	4	5	
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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)						

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

DBDI was very slow making labor lengthier than necessary

- | | | |
|---------------------------------|--------------------------------|--------------------------------|
| <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

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FILE-AID FOR RDX (DB2 TRAINING
CURRICULUM) - #031470

Date:
JANUARY 8, 2009

Primary Instructor:
DAVE SILVERBERG

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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	
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3. Organization and presentation.	1	2	3	4	5	5	
4. Presented adequate exercises/examples.	1	2	3	4	5	5	

D. Course Administration

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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	3	
2. What new insights have you acquired as a result of taking this course? (Use back of form; if necessary)	SIMILARITIES & DIFFERENCES BETWEEN UTILITIES, USEFULNESS OF EACH FOR SPECIFIC 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

I PREFER FOLLOWING THIS MANUAL HOME TO KEEP HANDS ASSOCIATED WITH HANDOUT MATERIALS, BUT THAT IS ANY EXPERIENCE WITH LECTURE.

<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 334 Grade 14 Job Title IT SUPPORT

Course Evaluation Technical Training for Professional Development

Course Title and Number:
FILE-AID FOR RDX (DB2 TRAINING CURRICULUM) - #031470

Date:
JANUARY 8, 2009

Primary Instructor:
DAVE SILVERBERG

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1. Learning objectives were organized and clear.	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)	Should be very helpful once I figure how to use it					

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.

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Explain low scores (1 or 2) for sections A-D

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

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

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If yes, were they appropriate? _____

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

NAME (optional): _____

Series

2210

Grade

12

Job Title

IT Specialist

Course Evaluation Technical Training for Professional Development

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

Date:
JANUARY 7, 2009

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

Too Cold

<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 13 Grade 13 Job Title Pgmr

Course Evaluation Technical Training for Professional Development

Course Title and Number:
FILE-AID FOR RDX (DB2 TRAINING CURRICULUM) - #031470

Date:
JANUARY 8, 2009

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	⑤	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)	How DB2 RDX may be useful in managing my database						

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

Too cold

<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 13 Job Title _____

Course Evaluation Technical Training for Professional Development

Course Title and Number:
FILE-AID FOR RDX (DB2 TRAINING CURRICULUM) - #031470

Date:
JANUARY 8, 2009

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 type="checkbox"/> OESAE | <input type="checkbox"/> OTSO |
| <input checked="" 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 RDX (DB2 TRAINING CURRICULUM) - #031470

Date:
JANUARY 8, 2009

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

NAME (optional): _____

Series _____

Grade GS-09

Job Title IT Specialist

Course Evaluation Technical Training for Professional Development

Course Title and Number:
FILE-AID FOR RDX (DB2 TRAINING
CURRICULUM) - #031470

Date:
JANUARY 8, 2009

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 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 _____