

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

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

Date: AUGUST 18, 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 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 checked="" type="checkbox"/>	5 <input 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 checked="" type="checkbox"/> DCS	<input type="checkbox"/> OEEAS	<input type="checkbox"/> OSES
<input checked="" type="checkbox"/> OASSIS	<input type="checkbox"/> OESAF	<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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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"/>	
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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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E. Applications

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

I learned how to ~~add~~ relationships in RDX.

F. Length of Course

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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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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

Great instructor. Great 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 |
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B. Course Content and Design

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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"/>
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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"/>
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"/>
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D. Course Administration

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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 checked="" type="checkbox"/>	5 <input 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)

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

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If yes, were they appropriate? _____

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

- | | | |
|---------------------------------|---|--------------------------------|
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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"/>
2.	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
3.	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
4.	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
5.	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 type="checkbox"/>
7.	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input 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"/>
9.	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input 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"/>
11.	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input 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 type="checkbox"/>

E. Applications

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

NAME (optional): _____
 Series _____ Grade 13 Job Title IT Specialist

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

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

Date: AUGUST 18, 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"/>
2.	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
3.	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
4.	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input type="checkbox"/>	5	<input checked="" type="checkbox"/>
5.	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 type="checkbox"/>
7.	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input 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"/>
9.	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	<input 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"/>
11.	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input 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 checked="" type="checkbox"/>	5	<input 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"/> ORSIS | <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 RDX (DB2 CURRICULUM) -- #031470

Date: AUGUST 18, 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 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 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 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 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 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 _____

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

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

Date: AUGUST 18, 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 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 checked="" type="checkbox"/>	4 <input 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"/> ORSIS	<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 RDX (DB2 CURRICULUM) -- #031470

Date: AUGUST 18, 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 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 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 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 checked="" type="checkbox"/>	5 <input type="checkbox"/>
3. Organization and presentation.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input 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 checked="" type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
3. Appropriate computer resources were available. (check N/A if applicable)	1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

E. Applications

	Lowest	→	Highest		
1. Overall application of course to current duties.	1 <input type="checkbox"/>	2 <input checked="" type="checkbox"/>	3 <input type="checkbox"/>	4 <input 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"/> ORSIS	<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 RDX (DB2 CURRICULUM) -- #031470	Date: AUGUST 18, 2009	Primary Instructor: DAVE SILVERBERG
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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 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 checked="" type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input 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"/> PCS | <input type="checkbox"/> OEEAS | <input type="checkbox"/> OSES |
| <input checked="" type="checkbox"/> OASSIS | <input type="checkbox"/> OESAE | <input type="checkbox"/> OTSO |
| <input type="checkbox"/> ODS | <input type="checkbox"/> ORSIS | <input type="checkbox"/> OTHER |

NAME (optional):
 Series 2210 Grade 13 Job Title Team Leader

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

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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)

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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"/>
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6.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input 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"/>
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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"/>
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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"/>
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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"/>
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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? 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 |

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

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