



Course/Teacher Evaluation Form

Course <u>FILE AID TSD</u>	Date <u>09/29/2010</u>
Name (Optional) <u>MAN FAN LAM</u>	Company <u>SYS-ED</u>

Course evaluations are important to SYS-ED. Your feedback will enable us to monitor and update our courseware. We would appreciate your taking a few minutes to fill out this form.

Course Content

1. Were the course objectives presented in a clear, comprehensive manner?
2. Did the course meet its stated objectives?
3. Did the course meet your expectations?
4. Was the workshop/hands-on portion of this course effective?
5. Would you recommend this course to others?

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Instructor

6. Ability to Communicate
7. Knowledge of Subject Matter
8. Effective Use of Support Materials
9. Responsiveness to Class
10. Overall Professionalism

	EXCELLENT	GOOD	FAIR	POOR
6. Ability to Communicate	<u>4</u>	3	2	1
7. Knowledge of Subject Matter	<u>4</u>	3	2	1
8. Effective Use of Support Materials	<u>4</u>	3	2	1
9. Responsiveness to Class	<u>4</u>	3	2	1
10. Overall Professionalism	<u>4</u>	3	2	1

May we use you as a reference?

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
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Manual

11. Usefulness
12. Readability
13. Organization

	EXCELLENT	GOOD	FAIR	POOR
11. Usefulness	<u>4</u>	3	2	1
12. Readability	<u>4</u>	3	2	1
13. Organization	<u>4</u>	3	2	1

General

14. Overall Quality of Instructions

	EXCELLENT	GOOD	FAIR	POOR
14. Overall Quality of Instructions	<u>4</u>	3	2	1

Suggestions/Comments

N/A

Is there any other information about the software you would still like to know?

N/A

Any others to whom we should send information on SYS-ED?

Name	Title	Company
Address	City	State Zip



Course/Teacher Evaluation Form

Course <i>FILE AID</i>	Date <i>9/28 - 9/29, 2010</i>
Name (Optional) <i>Jim LAMBIASO</i>	Company <i>SSA</i>

Course evaluations are important to SYS-ED. Your feedback will enable us to monitor and update our courseware. We would appreciate your taking a few minutes to fill out this form.

Course Content

1. Were the course objectives presented in a clear, comprehensive manner?
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4. Was the workshop/hands-on portion of this course effective?
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<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO

Instructor

6. Ability to Communicate
7. Knowledge of Subject Matter
8. Effective Use of Support Materials
9. Responsiveness to Class
10. Overall Professionalism

	EXCELLENT	GOOD	FAIR	POOR
<i>4</i>	4	3	2	1
<i>4</i>	4	3	2	1
<i>4</i>	4	3	2	1
<i>4</i>	4	3	2	1
<i>4</i>	4	3	2	1

May we use you as a reference?

<input checked="" type="radio"/> YES	<input type="radio"/> NO
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Manual

11. Usefulness
12. Readability
13. Organization

	EXCELLENT	GOOD	FAIR	POOR
<i>4</i>	4	<i>3</i>	2	1
<i>4</i>	4	3	2	1
<i>4</i>	4	3	2	1

General

14. Overall Quality of Instructions

	EXCELLENT	GOOD	FAIR	POOR
<i>4</i>	4	3	2	1

Suggestions/Comments

Excellent class - instructor is consistently excellent.

Is there any other information about the software you would still like to know?

Any others to whom we should send information on SYS-ED?

Name	Title	Company		
Address	City	State	Zip	



Course/Teacher Evaluation Form

Course <i>File - Aid</i>	Date <i>09/29/2010</i>
Name (Optional)	Company <i>SSA</i>

Course evaluations are important to SYS-ED. Your feedback will enable us to monitor and update our courseware. We would appreciate your taking a few minutes to fill out this form.

Course Content

- Were the course objectives presented in a clear, comprehensive manner?
- Did the course meet its stated objectives?
- Did the course meet your expectations?
- Was the workshop/hands-on portion of this course effective?
- Would you recommend this course to others?

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Instructor

- Ability to Communicate
- Knowledge of Subject Matter
- Effective Use of Support Materials
- Responsiveness to Class
- Overall Professionalism

EXCELLENT GOOD FAIR POOR

<input checked="" type="radio"/> 4	3	2	1
<input checked="" type="radio"/> 4	3	2	1
<input checked="" type="radio"/> 4	3	2	1
<input checked="" type="radio"/> 4	3	2	1
<input checked="" type="radio"/> 4	3	2	1

May we use you as a reference?

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
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Manual

- Usefulness
- Readability
- Organization

EXCELLENT GOOD FAIR POOR

4	<input checked="" type="radio"/> 3	2	1
4	<input checked="" type="radio"/> 3	2	1
4	<input checked="" type="radio"/> 3	2	1

General

- Overall Quality of Instructions

EXCELLENT GOOD FAIR POOR

<input checked="" type="radio"/> 4	3	2	1
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Suggestions/Comments

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Any others to whom we should send information on SYS-ED?

Name	Title	Company
Address	City	State Zip