

Course Evaluation Technical Training for Professional Development

Course Title and Number: TSO: XPEDITER #311770

Date: 06/23-25/08

Primary Instructor: MARY ABDIL

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. *PRACTICE*

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 _____

Course Evaluation Technical Training for Professional Development

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Date: 06/23-25/08

Primary Instructor: MARY ABDIL

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

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

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 62513 Grade 62513 Job Title _____
LEAD IT SPEC

Course Evaluation Technical Training for Professional Development

Course Title and Number: TSO: XPEDITER #311770

Date: 06/23-25/08

Primary Instructor: MARY ABDIL

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
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2.	1	2	3	4	5		8.	1	2	3	4	5	
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	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)

Use of SETUP

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

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|---------------------------------|--|--------------------------------|
| <input type="checkbox"/> DCS | <input checked="" type="checkbox"/> OEAS | <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

Course Title and Number: TSO: XPEDITER #311770

Date: 06/23-25/08

Primary Instructor: MARY ABDIL

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2.	1	2	3	4	(5)	8.	1	2	3	4	(5)
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4.	1	2	3	(4)	5	10.	1	2	3	4	5
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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 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 2210 Grade 13 Job Title IT Specialist

Course Evaluation Technical Training for Professional Development

Course Title and Number: TSO: XPEDITER
#311770

Date: 06/23-25/08

Primary Instructor: MARY ABDIL

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

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E. Applications

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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? Y P S

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

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

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

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

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

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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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1. Instructor's knowledge of subject	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)

So much more flexible than perceived.

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 _____

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Primary Instructor: MARY ABDIL

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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 Textbook could use more examples

DCS

OEEAS

OSES

OASSIS

OESAE

OTSO

ODS

ORSIS

OTHER

NAME (optional):

Series

IT 2210

Grade

12

Job Title

IT Specialist

Course Evaluation Technical Training for Professional Development

Course Title and Number: TSO: XPEDITER
#311770

Date: 06/23-25/08

Primary Instructor: MARY ABDIL

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

DCS

OEEAS

OSES

OASSIS

OESAE

OTSO

ODS

ORSIS

OTHER

NAME (optional):

Richard Malinski

Series

Grade

12

Job Title

IT Specialist

Course Evaluation Technical Training for Professional Development

Course Title and Number: TSO: XPEDITER #311770

Date: 06/23-25/08

Primary Instructor: MARY ABDIL

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

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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 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 IS - SPEC

Course Evaluation Technical Training for Professional Development

Course Title and Number: TSO: XPEDITER #311770

Date: 06/23-25/08

Primary Instructor: MARY ABDIL

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)

How to Setup for Tasting options

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

Display screen hard to see! Need to work with colour

DCS

OEEAS

OSES

OASSIS

OESAE

OTSO

ODS

ORSIS

OTHER

NAME (optional): Perry Shipp

Series

Grade 12

Job Title Programmer

Course Evaluation Technical Training for Professional Development

Course Title and Number: TSO: XPEDITER #311770

Date: 06/23-25/08

Primary Instructor: MARY ABDIL

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)

I NOW KNOW MORE WAYS TO TALK DOWN THE HILL

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, IF THEY WERE ADHERED TO

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

(SEE OVER)

<input type="checkbox"/> DCS	<input checked="" type="checkbox"/> OEAS	<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

Course Title and Number: TSO: XPEDITER #311770

Date: 06/23-25/08

Primary Instructor: MARY ABDIL

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)
 HOW XPEDITER WORKS UNDER NORMAL (NOT SSA) ENV.

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 MORE EMPHASIS ON HOW THIS PRODUCT WORKS IN SSA ENV. MAKE SURE ALL ATTENDEES MEET MINIMUM REQ'S.

- | | | |
|---------------------------------|--------------------------------|--|
| <input type="checkbox"/> DCS | <input type="checkbox"/> OEEAS | <input type="checkbox"/> OSES |
| <input type="checkbox"/> OASSIS | <input type="checkbox"/> OESAE | <input checked="" type="checkbox"/> OTSO |
| <input type="checkbox"/> ODS | <input type="checkbox"/> ORSIS | <input type="checkbox"/> OTHER |

NAME (optional): RAYMOND BUNGEIL
 Series 13 Grade 1 Job Title IT-SPEC