



Course/Teacher Evaluation Form

Course	Date
Name (Optional)	Company

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	<input checked="" type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
7. Knowledge of Subject Matter	<input checked="" type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
8. Effective Use of Support Materials	<input checked="" type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
9. Responsiveness to Class	<input checked="" type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
10. Overall Professionalism	<input checked="" type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 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	<input type="radio"/> 4	<input checked="" type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
12. Readability	<input checked="" type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
13. Organization	<input type="radio"/> 4	<input checked="" type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

General

14. Overall Quality of Instructions

	EXCELLENT	GOOD	FAIR	POOR
14. Overall Quality of Instructions	<input checked="" type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

Suggestions/Comments

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	repediter	Date	01/06/2010 - 01/07/2010
Name (Optional)	Man Fan Lam	Company	SSA

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<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	4	3	2	1
7. Knowledge of Subject Matter	4	3	2	1
8. Effective Use of Support Materials	4	3	2	1
9. Responsiveness to Class	4	3	2	1
10. Overall Professionalism	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

11. Usefulness
12. Readability
13. Organization

	EXCELLENT	GOOD	FAIR	POOR
11. Usefulness	4	3	2	1
12. Readability	4	3	2	1
13. Organization	4	3	2	1

General

14. Overall Quality of Instructions

	EXCELLENT	GOOD	FAIR	POOR
14. Overall Quality of Instructions	4	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?

N/A

Name	Title	Company	State	Zip
Address	City			