

Course Evaluation Technical Training for Professional Development

Course Title and Number: TSO: XPEDITER #311770

Date: 04/22-24/09

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? CCP

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

great instructor

- | | | |
|--|--------------------------------|--------------------------------|
| <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 _____ Job Title _____

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<input checked="" type="checkbox"/> OASSIS	<input type="checkbox"/> OESAE	<input type="checkbox"/> OTSO
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NAME (optional): _____
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- SCRIPTS

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PLEASE REPO THE SYSD MANUALS to be more user-friendly. Also, write down ALL classroom assignments on paper. Slow down the PACE. Print out step by step instructions

- | | | |
|---------------------------------|---|--------------------------------|
| <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 |
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how to Debug

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Computers should be reset so that all computers (ie used ids) have same data/starting point.

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NEW commands - scripts

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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)

Learned Xpediter, Cobol, endeavor (a lot of extra!) Java

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? a list = NO

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

Good job covering all the extra stuff we need to know along with Xpediter

- | | | |
|--|--------------------------------|--------------------------------|
| <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): 2110 Series 7 Grade IT Specialist Job Title

Course Evaluation Technical Training for Professional Development

Course Title and Number: TSO: XPEDITER #311770

Date: 04/22-24/09

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 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: TSO: XPEDITER #311770

Date: 04/22-24/09

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
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	Lowest	→				Highest
1. Learning objectives were organized and clear.	1	2	3	4	5	
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C. Quality of Instruction

	Lowest	→				Highest
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D. Course Administration

	Lowest	→				Highest
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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

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

Course Title and Number: TSO: XPEDITER #311770

Date: 04/22-24/09

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
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F. Length of Course (X in box of your choice)

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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 **SHORTER CLASS.**

DCS

OEEAS

OSES

OASSIS

OESAE

OTSO

ODS

ORSIS

OTHER

NAME (optional): _____

Series _____

Grade _____

Job Title _____