

CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

Use this form to evaluate courses delivered in a classroom setting that contain computer-based training.

ACES Class Number _____

Scale and Rating Definitions:

- | | | |
|-------------------|---|--|
| Strongly Disagree | 1 | This item is true none of the time or your response is No. |
| Disagree | 2 | This item is true some of the time. |
| Neutral | 3 | Neither disagree nor agree; no opinion one way or the other. |
| Agree | 4 | This item is true most of the time. |
| Strongly Agree | 5 | This item is true all of the time or your answer is Yes. |
| Not Applicable | | Leave the item blank. |

Instructions: Use a Number 2 pencil or dark (not red) ink to complete this form. Heavily darken the "bubble" that corresponds with your response.

Your feedback provides important information to improve this course. This evaluation is anonymous and should be completed on official time. Participation is voluntary but strongly encouraged. Thank you.

1. Identify your shift. Day Afternoon Night

2. Identify your status. Permanent Seasonal Term

3. I had the basic knowledge and skills necessary to begin this training.

4. The course objectives focused on my job tasks.

5. The course content matched the objectives.

6. The course materials helped me learn.

7. The course materials were easy to understand.

8. The learning activities encouraged my participation.

9. I practiced what I was taught.

10. The course length was sufficient to deliver the content.

11. I received this training when I needed it.

12. The job aid materials seem useful.

13. The test(s) were consistent with what I was taught.

14. The instructor(s) were prepared.

15. The instructor(s) were available for individual help.

16. The instructor(s)' responses helped me learn.

17. The instructor(s)' presentations helped me learn.

	1	2	3	4	5
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Please do not attempt to copy this form. Duplicated forms cannot be scanned.
Thank you for your feedback.

CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

Use this form to evaluate courses delivered in a classroom setting that contain computer-based training.

ACES Class Number 372475

Scale and Rating Definitions:

- | | | |
|-------------------|---|--|
| Strongly Disagree | 1 | This item is true none of the time or your response is No. |
| Disagree | 2 | This item is true some of the time. |
| Neutral | 3 | Neither disagree nor agree; no opinion one way or the other. |
| Agree | 4 | This item is true most of the time. |
| Strongly Agree | 5 | This item is true all of the time or your answer is Yes. |
| Not Applicable | | Leave the item blank. |

**Instructions: Use a Number 2 pencil or dark (not red) ink to complete this form.
Heavily darken the "bubble" that corresponds with your response.**

Your feedback provides important information to improve this course. This evaluation is anonymous and should be completed on official time. Participation is voluntary but strongly encouraged. Thank you.

1. Identify your shift. Day Afternoon Night
2. Identify your status. Permanent Seasonal Term
3. I had the basic knowledge and skills necessary to begin this training.
4. The course objectives focused on my job tasks.
5. The course content matched the objectives.
6. The course materials helped me learn.
7. The course materials were easy to understand.
8. The learning activities encouraged my participation.
9. I practiced what I was taught.
10. The course length was sufficient to deliver the content.
11. I received this training when I needed it.
12. The job aid materials seem useful.
13. The test(s) were consistent with what I was taught.
14. The instructor(s) were prepared.
15. The instructor(s) were available for individual help.
16. The instructor(s)' responses helped me learn.
17. The instructor(s)' presentations helped me learn.

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Please do not attempt to copy this form. Duplicated forms cannot be scanned.
Thank you for your feedback.

CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

Use this form to evaluate courses delivered in a classroom setting that contain computer-based training.

ACES Class Number

372475

Scale and Rating Definitions:

- Strongly Disagree 1 This item is true none of the time or your response is No.
- Disagree 2 This item is true some of the time.
- Neutral 3 Neither disagree nor agree; no opinion one way or the other.
- Agree 4 This item is true most of the time.
- Strongly Agree 5 This item is true all of the time or your answer is Yes.
- Not Applicable Leave the item blank.

Instructions: Use a Number 2 pencil or dark (not red) ink to complete this form. Heavily darken the "bubble" that corresponds with your response.

Your feedback provides important information to improve this course. This evaluation is anonymous and should be completed on official time. Participation is voluntary but strongly encouraged. Thank you.

- 1. Identify your shift. Day Afternoon Night
- 2. Identify your status. Permanent Seasonal Term
- 3. I had the basic knowledge and skills necessary to begin this training.
- 4. The course objectives focused on my job tasks.
- 5. The course content matched the objectives.
- 6. The course materials helped me learn.
- 7. The course materials were easy to understand.
- 8. The learning activities encouraged my participation.
- 9. I practiced what I was taught.
- 10. The course length was sufficient to deliver the content.
- 11. I received this training when I needed it.
- 12. The job aid materials seem useful.
- 13. The test(s) were consistent with what I was taught.
- 14. The instructor(s) were prepared.
- 15. The instructor(s) were available for individual help.
- 16. The instructor(s)' responses helped me learn.
- 17. The instructor(s)' presentations helped me learn.

	1	2	3	4	5
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
15.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
16.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
17.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Please do not attempt to copy this form. Duplicated forms cannot be scanned.
Thank you for your feedback.

CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

Use this form to evaluate courses delivered in a classroom setting that contain computer-based training.

ACES Class Number _____

Scale and Rating Definitions:

- | | | |
|-------------------|---|--|
| Strongly Disagree | 1 | This item is true none of the time or your response is No. |
| Disagree | 2 | This item is true some of the time. |
| Neutral | 3 | Neither disagree nor agree; no opinion one way or the other. |
| Agree | 4 | This item is true most of the time. |
| Strongly Agree | 5 | This item is true all of the time or your answer is Yes. |
| Not Applicable | | Leave the item blank. |

**Instructions: Use a Number 2 pencil or dark (not red) ink to complete this form.
Heavily darken the "bubble" that corresponds with your response.**

Your feedback provides important information to improve this course. This evaluation is anonymous and should be completed on official time. Participation is voluntary but strongly encouraged. Thank you.

1. Identify your shift. Day Afternoon Night
2. Identify your status. Permanent Seasonal Term
3. I had the basic knowledge and skills necessary to begin this training.
4. The course objectives focused on my job tasks.
5. The course content matched the objectives.
6. The course materials helped me learn.
7. The course materials were easy to understand.
8. The learning activities encouraged my participation.
9. I practiced what I was taught.
10. The course length was sufficient to deliver the content.
11. I received this training when I needed it.
12. The job aid materials seem useful.
13. The test(s) were consistent with what I was taught.
14. The instructor(s) were prepared.
15. The instructor(s) were available for individual help.
16. The instructor(s)' responses helped me learn.
17. The instructor(s)' presentations helped me learn.

	1	2	3	4	5
1	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Please do not attempt to copy this form. Duplicated forms cannot be scanned.
Thank you for your feedback.

CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

Use this form to evaluate courses delivered in a classroom setting that contain computer-based training.

ACES Class Number 372475

Scale and Rating Definitions:

- Strongly Disagree 1 This item is true none of the time or your response is No.
- Disagree 2 This item is true some of the time.
- Neutral 3 Neither disagree nor agree; no opinion one way or the other.
- Agree 4 This item is true most of the time.
- Strongly Agree 5 This item is true all of the time or your answer is Yes.
- Not Applicable Leave the item blank.

**Instructions: Use a Number 2 pencil or dark (not red) ink to complete this form.
Heavily darken the "bubble" that corresponds with your response.**

Your feedback provides important information to improve this course. This evaluation is anonymous and should be completed on official time. Participation is voluntary but strongly encouraged. Thank you.

- 1. Identify your shift. Day Afternoon Night
- 2. Identify your status. Permanent Seasonal Term
- 3. I had the basic knowledge and skills necessary to begin this training.
- 4. The course objectives focused on my job tasks.
- 5. The course content matched the objectives.
- 6. The course materials helped me learn.
- 7. The course materials were easy to understand.
- 8. The learning activities encouraged my participation.
- 9. I practiced what I was taught.
- 10. The course length was sufficient to deliver the content.
- 11. I received this training when I needed it.
- 12. The job aid materials seem useful.
- 13. The test(s) were consistent with what I was taught.
- 14. The instructor(s) were prepared.
- 15. The instructor(s) were available for individual help.
- 16. The instructor(s)' responses helped me learn.
- 17. The instructor(s)' presentations helped me learn.

	1	2	3	4	5
3. I had the basic knowledge and skills necessary to begin this training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4. The course objectives focused on my job tasks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5. The course content matched the objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6. The course materials helped me learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7. The course materials were easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8. The learning activities encouraged my participation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
9. I practiced what I was taught.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10. The course length was sufficient to deliver the content.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11. I received this training when I needed it.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
12. The job aid materials seem useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
13. The test(s) were consistent with what I was taught.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
14. The instructor(s) were prepared.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
15. The instructor(s) were available for individual help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
16. The instructor(s)' responses helped me learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
17. The instructor(s)' presentations helped me learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Please do not attempt to copy this form. Duplicated forms cannot be scanned.
Thank you for your feedback.

CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

Use this form to evaluate courses delivered in a classroom setting that contain computer-based training.

ACES Class Number 372475

Scale and Rating Definitions:

- | | | |
|-------------------|---|--|
| Strongly Disagree | 1 | This item is true none of the time or your response is No. |
| Disagree | 2 | This item is true some of the time. |
| Neutral | 3 | Neither disagree nor agree; no opinion one way or the other. |
| Agree | 4 | This item is true most of the time. |
| Strongly Agree | 5 | This item is true all of the time or your answer is Yes. |
| Not Applicable | | Leave the item blank. |

**Instructions: Use a Number 2 pencil or dark (not red) ink to complete this form.
Heavily darken the "bubble" that corresponds with your response.**

Your feedback provides important information to improve this course. This evaluation is anonymous and should be completed on official time. Participation is voluntary but strongly encouraged. Thank you.

1. Identify your shift. Day Afternoon Night
2. Identify your status. Permanent Seasonal Term
3. I had the basic knowledge and skills necessary to begin this training.
4. The course objectives focused on my job tasks.
5. The course content matched the objectives.
6. The course materials helped me learn.
7. The course materials were easy to understand.
8. The learning activities encouraged my participation.
9. I practiced what I was taught.
10. The course length was sufficient to deliver the content.
11. I received this training when I needed it.
12. The job aid materials seem useful.
13. The test(s) were consistent with what I was taught.
14. The instructor(s) were prepared.
15. The instructor(s) were available for individual help.
16. The instructor(s)' responses helped me learn.
17. The instructor(s)' presentations helped me learn.

	1	2	3	4	5
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
15.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
16.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
17.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Please do not attempt to copy this form. Duplicated forms cannot be scanned.
Thank you for your feedback.

CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

Use this form to evaluate courses delivered in a classroom setting that contain computer-based training.

ACES Class Number _____

Scale and Rating Definitions:

- | | | |
|-------------------|---|--|
| Strongly Disagree | 1 | This item is true none of the time or your response is No. |
| Disagree | 2 | This item is true some of the time. |
| Neutral | 3 | Neither disagree nor agree; no opinion one way or the other. |
| Agree | 4 | This item is true most of the time. |
| Strongly Agree | 5 | This item is true all of the time or your answer is Yes. |
| Not Applicable | | Leave the item blank. |

**Instructions: Use a Number 2 pencil or dark (not red) ink to complete this form.
Heavily darken the "bubble" that corresponds with your response.**

Your feedback provides important information to improve this course. This evaluation is anonymous and should be completed on official time. Participation is voluntary but strongly encouraged. Thank you.

1. Identify your shift. Day Afternoon Night
2. Identify your status. Permanent Seasonal Term
3. I had the basic knowledge and skills necessary to begin this training.
4. The course objectives focused on my job tasks.
5. The course content matched the objectives.
6. The course materials helped me learn.
7. The course materials were easy to understand.
8. The learning activities encouraged my participation.
9. I practiced what I was taught.
10. The course length was sufficient to deliver the content.
11. I received this training when I needed it.
12. The job aid materials seem useful.
13. The test(s) were consistent with what I was taught.
14. The instructor(s) were prepared.
15. The instructor(s) were available for individual help.
16. The instructor(s)' responses helped me learn.
17. The instructor(s)' presentations helped me learn.

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Please do not attempt to copy this form. Duplicated forms cannot be scanned.
Thank you for your feedback.

CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

Use this form to evaluate courses delivered in a classroom setting that contain computer-based training.

ACES Class Number 372475

Scale and Rating Definitions:

- Strongly Disagree 1 This item is true none of the time or your response is No.
- Disagree 2 This item is true some of the time.
- Neutral 3 Neither disagree nor agree; no opinion one way or the other.
- Agree 4 This item is true most of the time.
- Strongly Agree 5 This item is true all of the time or your answer is Yes.
- Not Applicable Leave the item blank.

Instructions: Use a Number 2 pencil or dark (not red) ink to complete this form. Heavily darken the "bubble" that corresponds with your response.

- 1. Identify your shift. Day Afternoon Night
- 2. Identify your status. Permanent Seasonal Term
- 3. I had the basic knowledge and skills necessary to begin this training.
- 4. The course objectives focused on my job tasks.
- 5. The course content matched the objectives.
- 6. The course materials helped me learn.
- 7. The course materials were easy to understand.
- 8. The learning activities encouraged my participation.
- 9. I practiced what I was taught.
- 10. The course length was sufficient to deliver the content.
- 11. I received this training when I needed it.
- 12. The job aid materials seem useful.
- 13. The test(s) were consistent with what I was taught.
- 14. The instructor(s) were prepared.
- 15. The instructor(s) were available for individual help.
- 16. The instructor(s)' responses helped me learn.
- 17. The instructor(s)' presentations helped me learn.

	1	2	3	4	5
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
9.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
11.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
12.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
13.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
14.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
15.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
16.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
17.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Please do not attempt to copy this form. Duplicated forms cannot be scanned.
Thank you for your feedback.

Your feedback provides important information to improve this course. This evaluation is anonymous and should be completed on official time. Participation is voluntary but strongly encouraged. Thank you.

CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

Use this form to evaluate courses delivered in a classroom setting that contain computer-based training.

ACES Class Number 19632

Scale and Rating Definitions:

- Strongly Disagree 1 This item is true none of the time or your response is No.
- Disagree 2 This item is true some of the time.
- Neutral 3 Neither disagree nor agree; no opinion one way or the other.
- Agree 4 This item is true most of the time.
- Strongly Agree 5 This item is true all of the time or your answer is Yes.
- Not Applicable Leave the item blank.

Instructions: Use a Number 2 pencil or dark (not red) ink to complete this form. Heavily darken the "bubble" that corresponds with your response.

Your feedback provides important information to improve this course. This evaluation is anonymous and should be completed on official time. Participation is voluntary but strongly encouraged. Thank you.

1. Identify your shift. Day Afternoon Night

2. Identify your status. Permanent Seasonal Term

3. I had the basic knowledge and skills necessary to begin this training.

4. The course objectives focused on my job tasks.

5. The course content matched the objectives.

6. The course materials helped me learn.

7. The course materials were easy to understand.

8. The learning activities encouraged my participation.

9. I practiced what I was taught.

10. The course length was sufficient to deliver the content.

11. I received this training when I needed it.

12. The job aid materials seem useful.

13. The test(s) were consistent with what I was taught.

14. The instructor(s) were prepared.

15. The instructor(s) were available for individual help.

16. The instructor(s)' responses helped me learn.

17. The instructor(s)' presentations helped me learn.

	1	2	3	4	5
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
12.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
15.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
16.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
17.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Please do not attempt to copy this form. Duplicated forms cannot be scanned.
Thank you for your feedback.

CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

Use this form to evaluate courses delivered in a classroom setting that contain computer-based training.

ACES Class Number 372 475

Scale and Rating Definitions:

- | | | |
|-------------------|---|--|
| Strongly Disagree | 1 | This item is true none of the time or your response is No. |
| Disagree | 2 | This item is true some of the time. |
| Neutral | 3 | Neither disagree nor agree; no opinion one way or the other. |
| Agree | 4 | This item is true most of the time. |
| Strongly Agree | 5 | This item is true all of the time or your answer is Yes. |
| Not Applicable | | Leave the item blank. |

Instructions: Use a Number 2 pencil or dark (not red) ink to complete this form. Heavily darken the "bubble" that corresponds with your response.

Your feedback provides important information to improve this course. This evaluation is anonymous and should be completed on official time. Participation is voluntary but strongly encouraged. Thank you.

- Identify your shift. Day Afternoon Night
- Identify your status. Permanent Seasonal Term
- I had the basic knowledge and skills necessary to begin this training.
- The course objectives focused on my job tasks.
- The course content matched the objectives.
- The course materials helped me learn.
- The course materials were easy to understand.
- The learning activities encouraged my participation.
- I practiced what I was taught.
- The course length was sufficient to deliver the content.
- I received this training when I needed it.
- The job aid materials seem useful.
- The test(s) were consistent with what I was taught.
- The instructor(s) were prepared.
- The instructor(s) were available for individual help.
- The instructor(s)' responses helped me learn.
- The instructor(s)' presentations helped me learn.

	1	2	3	4	5
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
12.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
14.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
15.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
16.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
17.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Please do not attempt to copy this form. Duplicated forms cannot be scanned.
Thank you for your feedback.

CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

Use this form to evaluate courses delivered in a classroom setting that contain computer-based training.

ACES Class Number 372475

Scale and Rating Definitions:

- Strongly Disagree 1 This item is true none of the time or your response is No.
Disagree 2 This item is true some of the time.
Neutral 3 Neither disagree nor agree; no opinion one way or the other.
Agree 4 This item is true most of the time.
Strongly Agree 5 This item is true all of the time or your answer is Yes.
Not Applicable Leave the item blank.

**Instructions: Use a Number 2 pencil or dark (not red) ink to complete this form.
Heavily darken the "bubble" that corresponds with your response.**

Your feedback provides important information to improve this course. This evaluation is anonymous and should be completed on official time. Participation is voluntary but strongly encouraged. Thank you.

1. Identify your shift. Day Afternoon Night
2. Identify your status. Permanent Seasonal Term
3. I had the basic knowledge and skills necessary to begin this training.
4. The course objectives focused on my job tasks.
5. The course content matched the objectives.
6. The course materials helped me learn.
7. The course materials were easy to understand.
8. The learning activities encouraged my participation.
9. I practiced what I was taught.
10. The course length was sufficient to deliver the content.
11. I received this training when I needed it.
12. The job aid materials seem useful.
13. The test(s) were consistent with what I was taught.
14. The instructor(s) were prepared.
15. The instructor(s) were available for individual help.
16. The instructor(s)' responses helped me learn.
17. The instructor(s)' presentations helped me learn.

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Please do not attempt to copy this form. Duplicated forms cannot be scanned.
Thank you for your feedback.

Standardized Level 1 - Trainee's Course Evaluation

1 - Strongly Disagree 2 - Disagree 3 - Neutral 4 - Agree 5 - Strongly Agree

CLASSROOM CBT

Item numbers 18 to 23 are reserved for other class types.

- 24. I was able to control the pace of my learning.
- 25. I was able to control the direction of my learning.
- 26. The format helped me learn.
- 27. The feedback on my actions was helpful.
- 28. The computer-based portion of this training was trouble-free.
- 29. The computer response time was adequate.
- 30. The software/courseware was easy to use.
- 31. I could read the screens easily.
- 32. The video was clear.
- 33. The audio was clear.
- (Item 34 is reserved.)**

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Assign a rating of "1" through "5" (1 = Very Dissatisfied-5 = Very Satisfied) to describe your level of satisfaction with:

- 35. Notification to attend this training in time to make arrangements.
- 36. Accommodation of my reported special needs.
- 37. Availability of training materials.
- 38. Sufficient training supplies to help me learn.
- 39. Sufficient training equipment to help me learn.
- 40. Adequacy of the training facility to support learning.
- 41. This training, OVERALL.
- 42. The instructor(s), OVERALL.

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Please use the space below for comments. Note: When referring to instructors, use first name(s) only.

Which parts of the course were most valuable? _____

Which parts of the course were least valuable? _____

Thank you for your feedback.

CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

Use this form to evaluate courses delivered in a classroom setting that contain computer-based training.

ACES Class Number 372475

Scale and Rating Definitions:

- Strongly Disagree 1 This item is true none of the time or your response is No.
Disagree 2 This item is true some of the time.
Neutral 3 Neither disagree nor agree; no opinion one way or the other.
Agree 4 This item is true most of the time.
Strongly Agree 5 This item is true all of the time or your answer is Yes.
Not Applicable Leave the item blank.

**Instructions: Use a Number 2 pencil or dark (not red) ink to complete this form.
Heavily darken the "bubble" that corresponds with your response.**

Your feedback provides important information to improve this course. This evaluation is anonymous and should be completed on official time. Participation is voluntary but strongly encouraged. Thank you.

1. Identify your shift. Day Afternoon Night
2. Identify your status. Permanent Seasonal Term
3. I had the basic knowledge and skills necessary to begin this training.
4. The course objectives focused on my job tasks.
5. The course content matched the objectives.
6. The course materials helped me learn.
7. The course materials were easy to understand.
8. The learning activities encouraged my participation.
9. I practiced what I was taught.
10. The course length was sufficient to deliver the content.
11. I received this training when I needed it.
12. The job aid materials seem useful.
13. The test(s) were consistent with what I was taught.
14. The instructor(s) were prepared.
15. The instructor(s) were available for individual help.
16. The instructor(s)' responses helped me learn.
17. The instructor(s)' presentations helped me learn.

	1	2	3	4	5
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
15.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
16.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
17.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Please do not attempt to copy this form. Duplicated forms cannot be scanned.
Thank you for your feedback.

CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

Use this form to evaluate courses delivered in a classroom setting that contain computer-based training.

ACES Class Number 372475

Scale and Rating Definitions:

- Strongly Disagree 1 This item is true none of the time or your response is No.
Disagree 2 This item is true some of the time.
Neutral 3 Neither disagree nor agree; no opinion one way or the other.
Agree 4 This item is true most of the time.
Strongly Agree 5 This item is true all of the time or your answer is Yes.
Not Applicable Leave the item blank.

**Instructions: Use a Number 2 pencil or dark (not red) ink to complete this form.
Heavily darken the "bubble" that corresponds with your response.**

Your feedback provides important information to improve this course. This evaluation is anonymous and should be completed on official time. Participation is voluntary but strongly encouraged. Thank you.

1. Identify your shift. Day Afternoon Night
2. Identify your status. Permanent Seasonal Term
3. I had the basic knowledge and skills necessary to begin this training.
4. The course objectives focused on my job tasks.
5. The course content matched the objectives.
6. The course materials helped me learn.
7. The course materials were easy to understand.
8. The learning activities encouraged my participation.
9. I practiced what I was taught.
10. The course length was sufficient to deliver the content.
11. I received this training when I needed it.
12. The job aid materials seem useful.
13. The test(s) were consistent with what I was taught.
14. The instructor(s) were prepared.
15. The instructor(s) were available for individual help.
16. The instructor(s)' responses helped me learn.
17. The instructor(s)' presentations helped me learn.

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

Please do not attempt to copy this form. Duplicated forms cannot be scanned.
Thank you for your feedback.