

Standardized Level 1 - Trainee's Course Evaluation

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

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

CLASSROOM CBT

- 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
24. I was able to control the pace of my learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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(Item 34 is reserved.)					
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
36. Accommodation of my reported special needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
37. Availability of training materials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
38. Sufficient training supplies to help me learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
39. Sufficient training equipment to help me learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
40. Adequacy of the training facility to support learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
41. This training, OVERALL.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
42. The instructor(s), OVERALL.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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- 41. This training, OVERALL.
- 42. The instructor(s), OVERALL.

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? The instructor's knowledge and use of examples & explanation techniques.

Which parts of the course were least valuable? _____

Thank you for your feedback.

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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.

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Which parts of the course were most valuable? David's Knowledge of the subject

Which parts of the course were least valuable? _____

Thank you for your feedback.

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Which parts of the course were most valuable? _____

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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.

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Which parts of the course were most valuable? Hands on training

Which parts of the course were least valuable? N/A

Thank you for your feedback.

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

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.

Standardized Level 1 - Trainee's Course Evaluation

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

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

CLASSROOM CBT

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

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- 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 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 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 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 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.

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

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Thank you for your feedback.

Standardized Level 1 - Trainee's Course Evaluation

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

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

	1	2	3	4	5
24. I was able to control the pace of my learning.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I was able to control the direction of my learning.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. The format helped me learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
27. The feedback on my actions was helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
28. The computer-based portion of this training was trouble-free.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
29. The computer response time was adequate.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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31. I could read the screens easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
32. The video was clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
33. The audio was clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
(Item 34 is reserved.)					
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
36. Accommodation of my reported special needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
37. Availability of training materials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
38. Sufficient training supplies to help me learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
39. Sufficient training equipment to help me learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
40. Adequacy of the training facility to support learning.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
41. This training, OVERALL.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. The instructor(s), OVERALL.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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

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- 40. Adequacy of the training facility to support learning.
- 41. This training, OVERALL.
- 42. The instructor(s), OVERALL.

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? INSTRUCTOR, INSTRUCTOR AVAILABILITY

Which parts of the course were least valuable? DISRUPTIONS, LOCAL EMPLOYEES BEING PULLED OUT OF CLASS BY MANAGER/CO-WORKER

Thank you for your feedback.

CLASSROOM CBT

STANDARDIZED LEVEL 1 TRAINEE'S COURSE EVALUATION COMMENTS

ACES Class Number

372475

ADDITIONAL COMMENTS:

The instructor was very knowledgeable and easy to follow. He paid attention to detail and explained the material very well and extensively. He covered all the "if then" scenarios and answered all my questions.

Excellent instructor and class. We should have more onsite classes with Mr. Silverberg.

Thank you for your feedback.

This form may be duplicated locally as needed.

STANDARDIZED LEVEL 1 TRAINEE'S COURSE EVALUATION COMMENTS

ACES Class Number _____

ADDITIONAL COMMENTS:

Good class

Thank you for your feedback.

This form may be duplicated locally as needed.

STANDARDIZED LEVEL 1 TRAINEE'S COURSE EVALUATION COMMENTS

ACES Class Number 372475

ADDITIONAL COMMENTS:

I thought the class was interesting with the help of the instructors. Training was given before needed.

Thank you for your feedback.

This form may be duplicated locally as needed.

STANDARDIZED LEVEL 1 TRAINEE'S COURSE EVALUATION COMMENTS

ACES Class Number 19632

ADDITIONAL COMMENTS:

NEEDS MORE TIME, CLASS SHOULD BE
LONGER

Thank you for your feedback.

This form may be duplicated locally as needed.

STANDARDIZED LEVEL 1 TRAINEE'S COURSE EVALUATION COMMENTS

ACES Class Number 372475

ADDITIONAL COMMENTS:

COURSE LENGTH WAS WAY TOO SHORT.
MORE LABS NEED TO BE DEVELOPED FOR THIS COURSE.

Thank you for your feedback.

This form may be duplicated locally as needed.