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

ACES Class Number **359416**

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

	1	2	3	4	5
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.	○	○	○	○	●

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

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.	○	○	○	○	●
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.)

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

	1	2	3	4	5
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.	○	○	○	○	●

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? _David did excellent job in teaching the course._

Which parts of the course were least valuable?_____

CLASSROOM CBT

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 **359416**

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

	1	2	3	4	5
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.	○	○	○	○	●

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.

	1	2	3	4	5
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.)

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

	1	2	3	4	5
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.	○	○	○	○	●

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? _UNIX_

Which parts of the course were least valuable? _SA portion_

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 ___359416___

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

	1	2	3	4	5
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.	○	○	○	○	●

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.

	1	2	3	4	5
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.)

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

	1	2	3	4	5
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.	○	○	○	○	●

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.

Integrated Training Evaluation and Measurement Services (ITEMS)

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 __359 416__

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

	1	2	3	4	5
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.	○	○	○	●	○

**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.

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.	○	○	○	●	○
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.)

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

	1	2	3	4	5
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.	○	○	○	●	○

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? _____

_____

CLASSROOM CBT

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 ___359416___

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

	1	2	3	4	5
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.	○	○	○	○	◉

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

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

CLASSROOM CBT

	1	2	3	4	5
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.)

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

	1	2	3	4	5
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.	○	○	○	○	●

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.

Integrated Training Evaluation and Measurement Services (ITEMS)

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 **359416**

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

	1	2	3	4	5
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.	○	○	○	○	●

**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.

	1	2	3	4	5
24. I was able to control the pace of my learning.	O	O	●	O	O
25. I was able to control the direction of my learning.	O	O	●	O	O
26. The format helped me learn.	O	O	O	O	●
27. The feedback on my actions was helpful.	O	O	O	O	●
28. The computer-based portion of this training was trouble-free.	O	O	O	O	●
29. The computer response time was adequate.	O	O	O	O	●
30. The software/courseware was easy to use.	O	O	O	O	●
31. I could read the screens easily.	O	O	O	O	●
32. The video was clear.	O	O	O	O	●
33. The audio was clear.	O	O	O	O	●

(Item 34 is reserved.)

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

	1	2	3	4	5
35. Notification to attend this training in time to make arrangements.	O	O	O	O	●
36. Accommodation of my reported special needs.	O	O	O	O	O
37. Availability of training materials.	O	O	O	O	●
38. Sufficient training supplies to help me learn.	O	O	O	O	●
39. Sufficient training equipment to help me learn.	O	O	O	O	●
40. Adequacy of the training facility to support learning.	O	O	O	O	●
41. This training, OVERALL.	O	O	O	O	●
42. The instructor(s), OVERALL.	O	O	O	O	●

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? _UNIX COMMANDS_

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 _359416_

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

	1	2	3	4	5
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.	○	○	○	○	●

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.

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.	○	○	●	○	○
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.)

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

	1	2	3	4	5
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.	○	○	○	○	●

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

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 ___359416___

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

	1	2	3	4	5
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.	○	○	○	○	●

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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.

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.

	1	2	3	4	5
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.)

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

	1	2	3	4	5
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.	○	○	○	○	●

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? _hands on excercises, teacher instruction, workshops/labs, Books/training material._

Which parts of the course were least valuable? _____

Thank you for your feedback.

Integrated Training Evaluation and Measurement Services (ITEMS)

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 __359416__

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

	1	2	3	4	5
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.	○	○	○	○	●

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.

	1	2	3	4	5
24. I was able to control the pace of my learning.	O	O	O	O	◉
25. I was able to control the direction of my learning.	O	O	O	O	◉
26. The format helped me learn.	O	O	O	◉	O
27. The feedback on my actions was helpful.	O	O	O	O	◉
28. The computer-based portion of this training was trouble-free.	O	O	O	O	O
29. The computer response time was adequate.	O	O	O	O	O
30. The software/courseware was easy to use.	O	O	O	O	O
31. I could read the screens easily.	O	O	O	O	O
32. The video was clear.	O	O	O	O	O
33. The audio was clear.	O	O	O	O	O

(Item 34 is reserved.)

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

	1	2	3	4	5
35. Notification to attend this training in time to make arrangements.	O	O	O	O	●
36. Accommodation of my reported special needs.	O	O	O	O	●
37. Availability of training materials.	O	O	O	O	●
38. Sufficient training supplies to help me learn.	O	O	O	O	●
39. Sufficient training equipment to help me learn.	O	O	O	O	●
40. Adequacy of the training facility to support learning.	O	O	O	O	●
41. This training, OVERALL.	O	O	O	O	●
42. The instructor(s), OVERALL.	O	O	O	O	●

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? _basic UNIX COMMANDS_

Which parts of the course were least valuable? ———— _all was good_

Thank you for your feedback.

STANDARDIZED LEVEL 1 TRAINEE'S COURSE EVALUATION COMMENTS

ACES Class Number ___359411___

ADDITIONAL COMMENTS:

DAVE SILVERBAL WAS GREAT. USED CORRECT TONE
AN TECHNICAL VOCAB. LEVEL FOR CLASS. HE IS A WEALTH
OF INFORMATION. I WOULD VERY MUCH LIKE TO TAKE
OTHER COURSES BY DAVE.

Thank you for your feedback.

This form may be duplicated locally as needed.

STANDARDIZED LEVEL 1 TRAINEE'S COURSE EVALUATION COMMENTS

ACES Class Number 3,5 94/6

ADDITIONAL COMMENTS:

excellant COURSE AND INSTRUCTOR

Thank you for your feedback.

This form may be duplicated locally as needed.

ACES Class Number ___359416___

ADDITIONAL COMMENTS:

Dave Silverberg is an excellent instructor! Keep using him.

We need a course for UNIX - its commands and scripting geared towards DBAs. All courses seem to be geared to SA's!

Thank you for your feedback.

This form may be duplicated locally as needed.

STANDARDIZED LEVEL 1 TRAINEE'S COURSE EVALUATION COMMENTS

ACES Class Number __359416__

ADDITIONAL COMMENTS:

David's presentation of the course material was superior and he took a lot of time to make sure you understood the material.

Thank you for your feedback.

This form may be duplicated locally as needed.