

# Course Evaluation Technical Training for Professional Development

Course Title and Number:  
File-AID for DB2 -- # 031460

Date:  
NOVEMBER 21, 2011

Primary Instructor:  
DAVE SILVERBERG

## A. Course Objectives: (1 LOW → 5 HIGH)

Circle Degree to which specific course objectives were met or Highlight (use the numbered objectives on the course profile)

Lowest → Highest						Lowest → Highest					
1.	1	2	3	4	5	7.	1	2	3	4	5
2.	1	2	3	4	5	8.	1	2	3	4	5
3.	1	2	3	4	5	9.	1	2	3	4	5
4.	1	2	3	4	5	10.	1	2	3	4	5
5.	1	2	3	4	5	11.	1	2	3	4	5
6.	1	2	3	4	5	12.	1	2	3	4	5

## B. Course Content and Design

	Lowest	→			Highest
1. Learning objectives were organized and clear.	1	2	3	4	5
2. Effectiveness of methodology (lecture, readings, demo)	1	2	3	4	5
3. Sufficient exercises were used to reinforce and measure learning	1	2	3	4	5

## C. Quality of Instruction

	Lowest	→			Highest
1. Instructor's knowledge of subject	1	2	3	4	5
2. Responsiveness to questions or need for help.	1	2	3	4	5
3. Organization and presentation.	1	2	3	4	5
4. Presented adequate exercises/examples.	1	2	3	4	5

## D. Course Administration

	Lowest	→			Highest
1. Course announcements, employee notifications were clear and prompt.	1	2	3	4	5
2. Facilities were conducive to learning.	1	2	3	4	5
3. Appropriate computer resources were available. (check N/A if applicable)	1	2	3	4	5

## E. Applications

	Lowest	→			Highest
1. Overall application of course to current duties.	1	2	3	4	5
2. What new insights have you acquired as a result of taking this course? (Use back of form; if necessary)					

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

Was the course length appropriate for the material covered?  Too Short  Adequate  Too long

## G. Did you complete necessary prerequisites listed on profile? Yes No N/A

If yes, were they appropriate? YES

List any additional prerequisite(s) you think are necessary.

## H. Other Comments (suggestions to improve the course, etc.) use back of form; if necessary

Explain low scores (1 or 2) for sections A-D

<input type="checkbox"/> DCS	<input type="checkbox"/> OEEAS	<input type="checkbox"/> OSES
<input checked="" type="checkbox"/> OASSIS	<input type="checkbox"/> OESAE	<input type="checkbox"/> OTSO
<input type="checkbox"/> ODS	<input type="checkbox"/> ORSIS	<input type="checkbox"/> OTHER

NAME (optional): \_\_\_\_\_

Series \_\_\_\_\_

Grade \_\_\_\_\_

Job Title \_\_\_\_\_

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| <input type="checkbox"/> OASSIS | <input type="checkbox"/> OESAE            | <input type="checkbox"/> OTSO  |
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NAME (optional): \_\_\_\_\_

Series \_\_\_\_\_ Grade \_\_\_\_\_ Job Title \_\_\_\_\_

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| <input type="checkbox"/> OASSIS         | <input type="checkbox"/> OESAE | <input type="checkbox"/> OTSO  |
| <input checked="" type="checkbox"/> ODS | <input type="checkbox"/> ORSIS | <input type="checkbox"/> OTHER |

NAME (optional): \_\_\_\_\_

Series GS Grade 12 Job Title IT Specialist

# Course Evaluation Technical Training for Professional Development

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File-AID for DB2 -- # 031460

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NOVEMBER 21, 2011

Primary Instructor:  
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|--|--------------------------------|--------------------------------|
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| <input checked="" type="checkbox"/> OASSIS | <input type="checkbox"/> OESAE | <input type="checkbox"/> OTSO  |
| <input type="checkbox"/> ODS               | <input type="checkbox"/> ORSIS | <input type="checkbox"/> OTHER |

NAME (optional): \_\_\_\_\_

Series AS Grade 12 Job Title IT Specialist

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NAME (optional): \_\_\_\_\_  
Series \_\_\_\_\_ Grade \_\_\_\_\_ Job Title \_\_\_\_\_

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I find that File-AID helps ~~with~~ make writing SQL a little easier.

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NAME (optional):

Series GS Grade 11 Job Title IT Specialist

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Explain low scores (1 or 2) for sections A-D

- |                                 |   |                                |
|---------------------------------|---|--------------------------------|
| <input type="checkbox"/> DCS    | <input checked="" type="checkbox"/> OEEAS | <input type="checkbox"/> OSES  |
| <input type="checkbox"/> OASSIS | <input type="checkbox"/> OESAE            | <input type="checkbox"/> OTSO  |
| <input type="checkbox"/> ODS    | <input type="checkbox"/> ORSIS            | <input type="checkbox"/> OTHER |

NAME (optional): \_\_\_\_\_  
Series \_\_\_\_\_ Grade \_\_\_\_\_ Job Title \_\_\_\_\_

# Course Evaluation Technical Training for Professional Development

Course Title and Number:  
File-AID for DB2 -- # 031460

Date:  
NOVEMBER 21, 2011

Primary Instructor:  
DAVE SILVERBERG

## A. Course Objectives: (1 LOW → 5 HIGH)

Circle Degree to which specific course objectives were met or Highlight (use the numbered objectives on the course profile)

Lowest → Highest						Lowest → Highest					
1.	1	2	3	4	5	7.	1	2	3	4	5
2.	1	2	3	4	5	8.	1	2	3	4	5
3.	1	2	3	4	5	9.	1	2	3	4	5
4.	1	2	3	4	5	10.	1	2	3	4	5
5.	1	2	3	4	5	11.	1	2	3	4	5
6.	1	2	3	4	5	12.	1	2	3	4	5

## B. Course Content and Design

	Lowest	→	Highest		
1. Learning objectives were organized and clear.	1	2	3	4	5
2. Effectiveness of methodology (lecture, readings, demo)	1	2	3	4	5
3. Sufficient exercises were used to reinforce and measure learning	1	2	3	4	5

## C. Quality of Instruction

	Lowest	→	Highest		
1. Instructor's knowledge of subject	1	2	3	4	5
2. Responsiveness to questions or need for help.	1	2	3	4	5
3. Organization and presentation.	1	2	3	4	5
4. Presented adequate exercises/examples.	1	2	3	4	5

## D. Course Administration

	Lowest	→	Highest		
1. Course announcements, employee notifications were clear and prompt.	1	2	3	4	5
2. Facilities were conducive to learning.	1	2	3	4	5
3. Appropriate computer resources were available. (check N/A if applicable)	1	2	3	4	5

## E. Applications

	Lowest	→	Highest		
1. Overall application of course to current duties.	1	2	3	4	5
2. What new insights have you acquired as a result of taking this course? (Use back of form; if necessary)					

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

Was the course length appropriate for the material covered?  Too Short  Adequate  Too long

## G. Did you complete necessary prerequisites listed on profile? Yes No N/A

If yes, were they appropriate?

List any additional prerequisite(s) you think are necessary.

## H. Other Comments (suggestions to improve the course, etc.) use back of form; if necessary

Explain low scores (1 or 2) for sections A-D

<input type="checkbox"/> DCS	<input type="checkbox"/> OEEAS	<input type="checkbox"/> OSES
<input type="checkbox"/> OASSIS	<input type="checkbox"/> OESAE	<input type="checkbox"/> OTSO
<input type="checkbox"/> TQDS	<input type="checkbox"/> ORSIS	<input type="checkbox"/> OTHER

NAME (optional): \_\_\_\_\_  
Series \_\_\_\_\_ Grade \_\_\_\_\_ Job Title \_\_\_\_\_

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|---------------------------------|--------------------------------|--------------------------------|
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| <input type="checkbox"/> OASSIS | <input type="checkbox"/> OESAE | <input type="checkbox"/> OTSO  |
| <input type="checkbox"/> ODS    | <input type="checkbox"/> ORSIS | <input type="checkbox"/> OTHER |

NAME (optional): \_\_\_\_\_  
Series \_\_\_\_\_ Grade \_\_\_\_\_ Job Title \_\_\_\_\_

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File-AID for DB2 -- # 031460

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| <input type="checkbox"/> OASSIS | <input type="checkbox"/> OESAE | <input type="checkbox"/> OTSO  |
| <input type="checkbox"/> ODS    | <input type="checkbox"/> ORSIS | <input type="checkbox"/> OTHER |

NAME (optional): \_\_\_\_\_

Series \_\_\_\_\_

Grade \_\_\_\_\_

Job Title \_\_\_\_\_

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File-AID for DB2 -- # 031460

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NOVEMBER 21, 2011

Primary Instructor:  
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| <input type="checkbox"/> OASSIS | <input type="checkbox"/> OESAE | <input type="checkbox"/> OTSO  |
| <input type="checkbox"/> ODS    | <input type="checkbox"/> ORSIS | <input type="checkbox"/> OTHER |

NAME (optional): Daisy Mungin Grade 13 Job Title IT Specialist