

Course/Teacher Evaluation Form

Course <u>UNIX</u>	Date <u>4/28 - 5/2</u>
Name (Optional) <u>G. Levinson</u>	Company <u>UBS</u>

Course evaluations are important to SYS-ED. Your feedback will enable us to monitor and update our courseware. We would appreciate your taking a few minutes to fill out this form.

Course Content

1. Were the course objectives presented in a clear, comprehensive manner?
2. Did the course meet its stated objectives?
3. Did the course meet your expectations?
4. Was the workshop/hands-on portion of this course effective?
5. Would you recommend this course to others?

<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input type="radio"/> YES	<input type="radio"/> NO

Depends on their future use of UNIX

Instructor

6. Ability to Communicate
7. Knowledge of Subject Matter
8. Effective Use of Support Materials
9. Responsiveness to Class
10. Overall Professionalism

	EXCELLENT	GOOD	FAIR	POOR
6. Ability to Communicate	4	3	2	1
7. Knowledge of Subject Matter	4	3	2	1
8. Effective Use of Support Materials	4	3	2	1
9. Responsiveness to Class	4	3	2	1
10. Overall Professionalism	4	3	2	1

May we use you as a reference?

<input type="radio"/> YES	<input type="radio"/> NO
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Manual

11. Usefulness
12. Readability
13. Organization

	EXCELLENT	GOOD	FAIR	POOR
11. Usefulness	4	3	2	1
12. Readability	4	3	2	1
13. Organization	4	3	2	1

General

14. Overall Quality of Instructions

	EXCELLENT	GOOD	FAIR	POOR
14. Overall Quality of Instructions	4	3	2	1

Suggestions/Comments

Is there any other information about the software you would still like to know?

Any others to whom we should send information on SYS-ED?

Name	Title	Company		
Address	City	State	Zip	

Course/Teacher Evaluation Form

Course <i>UNIX INTRODUCTION</i>	Date <i>5/2/08</i>
Name (Optional) <i>DAVID NYIKES</i>	Company <i>UBS</i>

Course evaluations are important to SYS-ED. Your feedback will enable us to monitor and update our courseware. We would appreciate your taking a few minutes to fill out this form.

Course Content

- Were the course objectives presented in a clear, comprehensive manner?
- Did the course meet its stated objectives?
- Did the course meet your expectations?
- Was the workshop/hands-on portion of this course effective?
- Would you recommend this course to others?

<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO

Instructor

- Ability to Communicate
- Knowledge of Subject Matter
- Effective Use of Support Materials
- Responsiveness to Class
- Overall Professionalism

	EXCELLENT	GOOD	FAIR	POOR
<i>4</i>	3	2	1	
<i>4</i>	3	2	1	
<i>4</i>	3	2	1	
<i>4</i>	3	2	1	
<i>4</i>	3	2	1	

May we use you as a reference?

<input checked="" type="radio"/> YES	<input type="radio"/> NO
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Manual

- Usefulness
- Readability
- Organization

	EXCELLENT	GOOD	FAIR	POOR
4	<i>3</i>	2	1	
4	<i>3</i>	2	1	
4	<i>3</i>	2	1	

General

- Overall Quality of Instructions

	EXCELLENT	GOOD	FAIR	POOR
<i>4</i>	3	2	1	

Suggestions/Comments

N/A

Is there any other information about the software you would still like to know?

N/A

Any others to whom we should send information on SYS-ED?

Name <i>N/A</i>	Title	Company	State	Zip
Address	City			

Course/Teacher Evaluation Form

Course	UNIX	Date	4/28/08 - 5/2/08
Name (Optional)		Company	NBS

Course evaluations are important to SYS-ED. Your feedback will enable us to monitor and update our courseware. We would appreciate your taking a few minutes to fill out this form.

Course Content

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2. Did the course meet its stated objectives?
3. Did the course meet your expectations?
4. Was the workshop/hands-on portion of this course effective?
5. Would you recommend this course to others?

<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO

Instructor

6. Ability to Communicate
7. Knowledge of Subject Matter
8. Effective Use of Support Materials
9. Responsiveness to Class
10. Overall Professionalism

	EXCELLENT	GOOD	FAIR	POOR
6. Ability to Communicate	4	3	2	1
7. Knowledge of Subject Matter	4	3	2	1
8. Effective Use of Support Materials	4	3	2	1
9. Responsiveness to Class	4	3	2	1
10. Overall Professionalism	4	3	2	1

May we use you as a reference?

<input checked="" type="radio"/> YES	<input type="radio"/> NO
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Manual

11. Usefulness
12. Readability
13. Organization

	EXCELLENT	GOOD	FAIR	POOR
11. Usefulness	4	3	2	1
12. Readability	4	3	2	1
13. Organization	4	3	2	1

General

14. Overall Quality of Instructions

	EXCELLENT	GOOD	FAIR	POOR
14. Overall Quality of Instructions	4	3	2	1

Suggestions/Comments

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Name	Title	Company	
Address	City	State	Zip

Course/Teacher Evaluation Form

Course <i>UNIX Introduction</i>	Date <i>May 2nd, 2008</i>
Name (Optional)	Company <i>URS Financial</i>

Course evaluations are important to SYS-ED. Your feedback will enable us to monitor and update our courseware. We would appreciate your taking a few minutes to fill out this form.

Course Content

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3. Did the course meet your expectations?
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5. Would you recommend this course to others?

<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO

Instructor

6. Ability to Communicate
7. Knowledge of Subject Matter
8. Effective Use of Support Materials
9. Responsiveness to Class
10. Overall Professionalism

	EXCELLENT	GOOD	FAIR	POOR
6. Ability to Communicate	<input checked="" type="radio"/> 4	3	2	1
7. Knowledge of Subject Matter	<input checked="" type="radio"/> 4	3	2	1
8. Effective Use of Support Materials	<input checked="" type="radio"/> 4	3	2	1
9. Responsiveness to Class	<input checked="" type="radio"/> 4	3	2	1
10. Overall Professionalism	<input checked="" type="radio"/> 4	3	2	1

May we use you as a reference?

<input type="radio"/> YES	<input type="radio"/> NO
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Manual

11. Usefulness
12. Readability
13. Organization

	EXCELLENT	GOOD	FAIR	POOR
11. Usefulness	<input checked="" type="radio"/> 4	3	2	1
12. Readability	<input checked="" type="radio"/> 4	3	2	1
13. Organization	<input checked="" type="radio"/> 4	3	2	1

General

14. Overall Quality of Instructions

	EXCELLENT	GOOD	FAIR	POOR
14. Overall Quality of Instructions	<input checked="" type="radio"/> 4	3	2	1

Suggestions/Comments

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Address	City	State	Zip	

Course/Teacher Evaluation Form

Course	<i>Unix Fundamentals</i>	Date	<i>4/28 - 5/2/08</i>
Name (Optional)	<i>cecilia.lin@UBS.COM</i>	Company	<i>UBS</i>

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Course Content

1. Were the course objectives presented in a clear, comprehensive manner?
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5. Would you recommend this course to others?

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Instructor

6. Ability to Communicate
7. Knowledge of Subject Matter
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10. Overall Professionalism	4	3	2	1

May we use you as a reference?

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
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Manual

11. Usefulness
12. Readability
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	EXCELLENT	GOOD	FAIR	POOR
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General

14. Overall Quality of Instructions

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Address	City			

Course/Teacher Evaluation Form

Course <i>Unix Introduction</i>	Date <i>5/2/08</i>
Name (Optional) <i>Stephen Wood</i>	Company <i>UBS Financial Services</i>

↳ Stephen.W.Wood@ubs.com

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Course Content

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- Did the course meet its stated objectives?
- Did the course meet your expectations?
- Was the workshop/hands-on portion of this course effective?
- Would you recommend this course to others?

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

Instructor

- Ability to Communicate
- Knowledge of Subject Matter
- Effective Use of Support Materials
- Responsiveness to Class
- Overall Professionalism

	EXCELLENT	GOOD	FAIR	POOR
6. Ability to Communicate	4	(3)	2	1
7. Knowledge of Subject Matter	4	(3)	2	1
8. Effective Use of Support Materials	4	(3)	2	1
9. Responsiveness to Class	(4)	3	2	1
10. Overall Professionalism	(4)	3	2	1

May we use you as a reference?

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
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Manual

- Usefulness
- Readability
- Organization

	EXCELLENT	GOOD	FAIR	POOR
11. Usefulness	4	(3)	2	1
12. Readability	4	(3)	2	1
13. Organization	4	3	(2)	1

General

- Overall Quality of Instructions

	EXCELLENT	GOOD	FAIR	POOR
14. Overall Quality of Instructions	4	(3)	2	1

Suggestions/Comments

Is there any other information about the software you would still like to know?

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Address	City			