

# 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 360418

### 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
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 checked="" type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>
11	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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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"/>

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## 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 31,0418

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1.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input 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 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"/>
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	1	2	3	4	5
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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 type="radio"/>	<input checked="" type="radio"/>
5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>
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10. The course length was sufficient to deliver the content.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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"/>

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.

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# 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 360418

### 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.
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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 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 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 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"/>

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# 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 260418

### 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
<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 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"/>
<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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# 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 200418

### 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
1. Identify your shift.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
2. Identify your status.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. I had the basic knowledge and skills necessary to begin this training.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4. The course objectives focused on my job tasks.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5. The course content matched the objectives.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6. The course materials helped me learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7. The course materials were easy to understand.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8. The learning activities encouraged my participation.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9. I practiced what I was taught.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>
12. The job aid materials seem useful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13. The test(s) were consistent with what I was taught.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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"/>

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# 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 360418

### 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.
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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. Identify your shift.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Identify your status.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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 checked="" type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>
9. I practiced what I was taught.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input 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"/>

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# 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 3160418

### 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.
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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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input 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 checked="" 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 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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# 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 360418

### Scale and Rating Definitions:

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1	2	3	4	5
<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"/>
<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"/>

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# 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 360418

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

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 360418

### 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
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 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 checked="" type="radio"/>	<input type="radio"/>	<input 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 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 type="radio"/>	<input checked="" type="radio"/>
17.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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.

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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 360418

### 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
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1	2	3	4	5
<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 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"/>
<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 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"/>

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.

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.

- 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.

	1	2	3	4	5
24.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
27.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
28.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
29.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
30.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
31.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
32.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
33.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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.
- 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.

35.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
36.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
37.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
38.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
39.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
40.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
41.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
42.	<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.

CLASSROOM CBT

# 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.

- 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.
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- 31. I could read the screens easily.
- 32. The video was clear.
- 33. The audio was clear.

	1	2	3	4	5
24.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
25.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
26.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
27.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
28.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
29.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
30.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
31.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
32.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
33.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input 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.
- 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.

35.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
36.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
38.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
39.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
40.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
41.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
42.	<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? The sections on gawk and scripting

Which parts of the course were least valuable? History of Linux which was short

Thank you for your feedback.

CLASSROOM CBT



# 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.

- 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:**

- 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.

	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 checked="" 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 type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
29. The computer response time was adequate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
30. The software/courseware was easy to use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
31. I could read the screens easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
32. The video was clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. The audio was clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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 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 checked="" type="radio"/>	<input type="radio"/>
42. The instructor(s), OVERALL.	<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.

CLASSROOM CBT

# 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.
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24.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
27.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
28.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
29.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
30.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
31.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
32.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
33.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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:

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37.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
38.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
39.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
40.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
41.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
42.	<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? ALL

Which parts of the course were least valuable? None

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.
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- 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.
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- 32. The video was clear.
- 33. The audio was clear.

	1	2	3	4	5
24.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
27.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
28.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
29.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
30.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
31.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
32.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
33.	<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.
- 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.

35.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
36.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
37.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
38.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
39.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
40.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
41.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
42.	<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? Hands on. Needed more immediate ones in immediately practice and understand without talk

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

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.

	1	2	3	4	5
24.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
25.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
26.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
27.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
28.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
29.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
30.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
31.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
32.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33.	<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:

- 34. (Item 34 is reserved.)
- 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.

35.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
36.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
37.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
38.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
39.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
40.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
41.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
42.	<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? The hands-on exercises helped me to practice what I was taught

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.

- 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 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 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"/>

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 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

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.

	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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input 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.
- 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"/>
<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? All were of value to  
Me. Instructor was great

Which parts of the course were least valuable? All were 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.
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- 33. The audio was clear.

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 type="radio"/>

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<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 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"/>

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 experience

Which parts of the course were least valuable? Unbound handouts

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.

- 24. I was able to control the pace of my learning.
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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 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 type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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- 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.
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- 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 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

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.
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	1	2	3	4	5
24.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
25.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
26.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
27.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
28.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
29.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
30.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
31.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
32.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
33.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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.
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- 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.

35.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
36.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
37.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
38.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
39.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
40.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
41.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
42.	<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? All, Jonathan was easy to understand,

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.

	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 checked="" type="radio"/>	<input type="radio"/>
25. I was able to control the direction of my learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
26. The format helped me learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
29. The computer response time was adequate.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
30. The software/courseware was easy to use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
31. I could read the screens easily.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
32. The video was clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
33. The audio was clear.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
37. Availability of training materials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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"/>

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

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 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"/>

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.
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- 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 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.

# 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.
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	1	2	3	4	5
24.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
25.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
26.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
27.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
28.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
29.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
30.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
31.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
32.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
33.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

(Item 34 is reserved.)

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- 39. Sufficient training equipment to help me learn.
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- 41. This training, OVERALL.
- 42. The instructor(s), OVERALL.

35.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
36.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
37.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
38.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
39.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
40.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
41.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
42.	<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? Hands on

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

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- 32. The video was clear.
- 33. The audio was clear.

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"/>

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- 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 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"/>

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

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

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

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

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<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 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