

# 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 380172

### Scale and Rating Definitions:

- |                   |   |  |
|-------------------|---|--|
| Strongly Disagree | 1 | This item is true none of the time or your response is No.   |
| Disagree          | 2 | This item is true some of the time.                          |
| Neutral           | 3 | Neither disagree nor agree; no opinion one way or the other. |
| Agree             | 4 | This item is true most of the time.                          |
| Strongly Agree    | 5 | This item is true all of the time or your answer is Yes.     |
| Not Applicable    |   | Leave the item blank.  |

Instructions: Use a Number 2 pencil or dark (not red) ink to complete this form.  
Heavily darken the "bubble" that corresponds with your response.

Your feedback provides important information to improve this course. This evaluation is anonymous and should be completed on official time. Participation is voluntary but strongly encouraged. Thank you.

1. Identify your shift.  Day  Afternoon  Night

2. Identify your status.  Permanent  Seasonal  Term

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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.

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# CLASSROOM CBT

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

ACES Class Number

~~XXXXXXXXXX~~ 380172

### Scale and Rating Definitions:

- |                   |   |  |
|-------------------|---|--|
| Strongly Disagree | 1 | This item is true none of the time or your response is No.   |
| Disagree          | 2 | This item is true some of the time.                          |
| Neutral           | 3 | Neither disagree nor agree; no opinion one way or the other. |
| Agree             | 4 | This item is true most of the time.                          |
| Strongly Agree    | 5 | This item is true all of the time or your answer is Yes.     |
| Not Applicable    |   | Leave the item blank.  |

**Instructions:** Use a Number 2 pencil or dark (not red) ink to complete this form.  
Heavily darken the "bubble" that corresponds with your response.

Your feedback provides important information to improve this course. This evaluation is anonymous and should be completed on official time. Participation is voluntary but strongly encouraged. Thank you.

1. Identify your shift.     Day             Afternoon     Night
2. Identify your status.     Permanent     Seasonal     Term
3. I had the basic knowledge and skills necessary to begin this training.
4. The course objectives focused on my job tasks.
5. The course content matched the objectives.
6. The course materials helped me learn.
7. The course materials were easy to understand.
8. The learning activities encouraged my participation.
9. I practiced what I was taught.
10. The course length was sufficient to deliver the content.
11. I received this training when I needed it.
12. The job aid materials seem useful.
13. The test(s) were consistent with what I was taught.
14. The instructor(s) were prepared.
15. The instructor(s) were available for individual help.
16. The instructor(s)' responses helped me learn.
17. The instructor(s)' presentations helped me learn.

	1	2	3	4	5
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 checked="" type="radio"/>	<input 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"/>
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9.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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16.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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	1	2	3	4	5
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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"/>
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8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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Please do not attempt to copy this form. Duplicated forms cannot be scanned.  
Thank you for your feedback.

# CLASSROOM CBT

## Standardized Level 1 - Trainee's Course Evaluation

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

ACES Class Number 380172

### Scale and Rating Definitions:

- |                   |   |  |
|-------------------|---|--|
| Strongly Disagree | 1 | This item is true none of the time or your response is No.   |
| Disagree          | 2 | This item is true some of the time.                          |
| Neutral           | 3 | Neither disagree nor agree; no opinion one way or the other. |
| Agree             | 4 | This item is true most of the time.                          |
| Strongly Agree    | 5 | This item is true all of the time or your answer is Yes.     |
| Not Applicable    |   | Leave the item blank.  |

**Instructions:** Use a Number 2 pencil or dark (not red) ink to complete this form.  
Heavily darken the "bubble" that corresponds with your response.

Your feedback provides important information to improve this course. This evaluation is anonymous and should be completed on official time. Participation is voluntary but strongly encouraged. Thank you.

1. Identify your shift.  Day  Afternoon  Night

2. Identify your status.  Permanent  Seasonal  Term

3. I had the basic knowledge and skills necessary to begin this training.

4. The course objectives focused on my job tasks.

5. The course content matched the objectives.

6. The course materials helped me learn.

7. The course materials were easy to understand.

8. The learning activities encouraged my participation.

9. I practiced what I was taught.

10. The course length was sufficient to deliver the content.

11. I received this training when I needed it.

12. The job aid materials seem useful.

13. The test(s) were consistent with what I was taught.

14. The instructor(s) were prepared.

15. The instructor(s) were available for individual help.

16. The instructor(s)' responses helped me learn.

17. The instructor(s)' presentations helped me learn.

	1	2	3	4	5
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>
10.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 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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# 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

380172

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- |                   |   |  |
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| 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.                          |
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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
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 type="radio"/>	<input checked="" type="radio"/>
16.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
17.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

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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

380172

### 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.     |
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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.

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17. The instructor(s)' presentations helped me learn.

1    2    3    4    5

          

          

          

          

          

          

          

          

          

          

          

          

          

          

          

Please do not attempt to copy this form. Duplicated forms cannot be scanned.  
Thank you for your feedback.





# Standardized Level 1 - Trainee's Course Evaluation

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

CLASSROOM CBT

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

- 24. I was able to control the pace of my learning.
  - 25. I was able to control the direction of my learning.
  - 26. The format helped me learn.
  - 27. The feedback on my actions was helpful.
  - 28. The computer-based portion of this training was trouble-free.
  - 29. The computer response time was adequate.
  - 30. The software/courseware was easy to use.
  - 31. I could read the screens easily.
  - 32. The video was clear.
  - 33. The audio was clear.
- (Item 34 is reserved.)**

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

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 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"/>

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? LABS

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

CLASSROOM CBT

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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- 26. The format helped me learn.
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- 32. The video was clear.
- 33. The audio was clear.
- (Item 34 is reserved.)**

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

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 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"/>	<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"/>

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.

	1	2	3	4	5
24. I was able to control the pace of my learning.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
25. I was able to control the direction of my learning.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
26. The format helped me learn.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
27. The feedback on my actions was helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
28. The computer-based portion of this training was trouble-free.	<input type="radio"/>	<input type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
31. I could read the screens easily.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
32. The video was clear.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. The audio was clear.	<input type="radio"/>	<input type="radio"/>	<input checked="" 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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input 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 checked="" type="radio"/>	<input type="radio"/>
38. Sufficient training supplies to help me learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
39. Sufficient training equipment to help me learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
40. Adequacy of the training facility to support learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
41. This training, OVERALL.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. The instructor(s), OVERALL.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input 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? THE BOOK IS NOTHING BUT SLIDES. SOME OF THEM THE PRINT IS TOO SMALL TO READ

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

CLASSROOM CBT

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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- 27. The feedback on my actions was helpful.
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	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"/>
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27. The feedback on my actions was helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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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"/>
<b>(Item 34 is reserved.)</b>					
Assign a rating of "1" through "5" (1 = Very Dissatisfied-5 = Very Satisfied) to describe your level of satisfaction with:					
35. Notification to attend this training in time to make arrangements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
36. Accommodation of my reported special needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
37. Availability of training materials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
38. Sufficient training supplies to help me learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
39. Sufficient training equipment to help me learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
40. Adequacy of the training facility to support learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
41. This training, OVERALL.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
42. The instructor(s), OVERALL.	<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:

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- 42. The instructor(s), OVERALL.

Please use the space below for comments. Note: When referring to instructors, use first name(s) only.

Which parts of the course were most valuable? \_\_\_\_\_

Which parts of the course were least valuable? \_\_\_\_\_

Thank you for your feedback.

# 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
<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"/>
<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"/>

- 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:

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

CLASSROOM CBT

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

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

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

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

Please use the space below for comments. Note: When referring to instructors, use first name(s) only.

Which parts of the course were most valuable? \_\_\_\_\_

Which parts of the course were least valuable? \_\_\_\_\_

Thank you for your feedback.

# Standardized Level 1 - Trainee's Course Evaluation

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

CLASSROOM CBT

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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- 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 checked="" 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 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 checked="" type="radio"/>	<input 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 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 of The Lessons  
were valuable

Which parts of the course were least valuable? \_\_\_\_\_

Thank you for your feedback.

# Standardized Level 1 - Trainee's Course Evaluation

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

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

CLASSROOM CBT

- 24. I was able to control the pace of my learning.
- 25. I was able to control the direction of my learning.
- 26. The format helped me learn.
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- 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 checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<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.
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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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Please use the space below for comments. Note: When referring to instructors, use first name(s) only.

Which parts of the course were most valuable? \_\_\_\_\_

Which parts of the course were least valuable? \_\_\_\_\_

Thank you for your feedback.

# Standardized Level 1 - Trainee's Course Evaluation

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

CLASSROOM CBT

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.
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- 33. The audio was clear.
- (Item 34 is reserved.)**

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

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

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

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

# 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 type="radio"/>	<input checked="" type="radio"/>
25. I was able to control the direction of my learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
26. The format helped me learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
27. The feedback on my actions was helpful.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
33. The audio was clear.	<input checked="" 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. Notification to attend this training in time to make arrangements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
36. Accommodation of my reported special needs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
37. Availability of training materials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
38. Sufficient training supplies to help me learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
39. Sufficient training equipment to help me learn.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
40. Adequacy of the training facility to support learning.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
41. This training, OVERALL.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
42. The instructor(s), OVERALL.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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

CLASSROOM CBT

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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- (Item 34 is reserved.)**

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

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

- 35. Notification to attend this training in time to make arrangements.
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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 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 checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

Please use the space below for comments. Note: When referring to instructors, use first name(s) only.

Which parts of the course were most valuable? \_\_\_\_\_

Which parts of the course were least valuable? \_\_\_\_\_

Thank you for your feedback.

# Standardized Level 1 - Trainee's Course Evaluation

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

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

CLASSROOM CBT

- 24. I was able to control the pace of my learning.
  - 25. I was able to control the direction of my learning.
  - 26. The format helped me learn.
  - 27. The feedback on my actions was helpful.
  - 28. The computer-based portion of this training was trouble-free.
  - 29. The computer response time was adequate.
  - 30. The software/courseware was easy to use.
  - 31. I could read the screens easily.
  - 32. The video was clear.
  - 33. The audio was clear.
- (Item 34 is reserved.)**

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

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

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

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input 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"/>
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<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? Linux Admin commands

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

CLASSROOM CBT

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

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<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"/>

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<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"/>

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.