2159/07

ACES Class Number

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Integrated Training Evaluation and Measurement Services (ITEMS)

CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

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

Scale and Rating Definitions:

Strongly Disag Disag Neur Ag Strongly Ag Not Applica	ree 2 Thi tral 3 Nei ree 4 Thi ree 5 Thi	s item is true non s item is true son ther disagree nor s item is true mos s item is true all o the item blank.	e of the time. agree; no opinion of the time.	n one v	vay or	the of		
Instructions: Use a N Heavily darker		encil or dark (r ole" that corres					rm.	
1. Identify your shift. 🏽 🍪 I	Day	○ Afternoon	○ Night					
2. Identify your status. 🧶 I	Permanent	○ Seasonal	○ Term	1	2	3	4	5
3. I had the basic knowledge	and skills ne	cessary to begin t	his training.		\circ	\circ	©	0
4. The course objectives focu	ised on my jo	ob tasks.		0	\circ	0	②	0
5. The course content matche	d the objecti	ves.		0	\circ	\circ	©	0
6. The course materials helpe	d me learn.			0	\circ	\circ	©	0
7. The course materials were	easy to unde	rstand.		0	\circ	0		0
8. The learning activities enco	ouraged my p	participation.		0	\circ	0	6	0
9. I practiced what I was taugh	nt.			0	0	0	©	0
10. The course length was suffi	cient to deli	ver the content.		0	\circ	0	②	0
11. I received this training when	n I needed it	-		0	0	0	@	0
12. The job aid materials seem	useful.			0	\circ	0	(2)	0
13. The test(s) were consistent	with what I v	was taught.		0	0	0	0	0
14. The instructor(s) were prepared	ared.			0	0	0	0	0
15. The instructor(s) were avail-	able for indi	vidual help.		0	0	0	0	•
6. The instructor(s)' responses helped me learn.					\circ	0	0	•
17. The instructor(s)' presentati	ons helped n	ne learn.		0	0	0	0	@

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

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

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Integrated Training Evaluation and Measurement Services (ITEMS)

CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

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

ACES Class Number 15221

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.	② Day	O Afternoon	○ Night					
2. Identify your status.	Permanent	O Seasonal	○ Term	1	2	3	4	5
3. I had the basic knowl	ledge and skills ne	ecessary to begin t	his training.		0	0	0	(4)
4. The course objective	s focused on my j	ob tasks.			0	0	0	0
5. The course content m	natched the objecti	ives.			0	0	0	•
6. The course materials	helped me learn.			0	\circ	0	0	0
7. The course materials	were easy to unde	erstand.		0	0	0	0	0
8. The learning activitie	s encouraged my	participation.		0	0	\circ	0	•
9. I practiced what I was	s taught.				\circ	0	0	•
10. The course length wa	s sufficient to deli	iver the content.		0	0	0	\circ	•
11. I received this training	g when I needed it	t.		0	0	•	0	0
12. The job aid materials	seem useful.			0	0	0	②	0
13. The test(s) were consi	stent with what I	was taught.			0	0	0	4
14. The instructor(s) were	e prepared.			0	0	0	\circ	②
15. The instructor(s) were	available for indi	vidual help.		0	\circ	\circ	0	
16. The instructor(s)' resp	onses helped me l	learn.		0	0	0	0	
17. The instructor(s)' pres	sentations helped r	ne learn.			0	\circ	0	9

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Thank you for your feedback.

Integrated Fraining Evaluation and Measurement Services (ITEMS)

CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

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

ACES Class Number	1.30	The ATTACLES			
1.0-0 0.000 1.01		1000000000000	 4.4 4.4 4	the same of the same of	

Scale and Rating Definitions:

Strongly Disagree

1 This item is true none of the time or your response is No.

Disagree

2 This item is true some of the time.

Neutral

3 Neither disagree nor agree; no opinion one way or the other.

Agree

4 This item is true most of the time.

Strongly Agree

5 This item is true all of the time or your answer is Yes.

Not Applicable

Leave the item blank.

Instructions: Use a Number 2 pencil or dark (not red) ink to complete this form.

Heavily darken the "bubble" that corresponds with your response.

1. Identify your shift.	Day	○ Afternoon	○ Night					
2. Identify your status.	Permanent	○ Seasonal	○ Term	1	2	3	4	5
3. I had the basic know	ledge and skills ne	ecessary to begin t	his training.		0	0	0	×
4. The course objective	es focused on my j	ob tasks.			0	0	0	X
5. The course content r	natched the object	ives.			\circ	0	0	X
6. The course materials	s helped me learn.			0	0	0	0	χ
7. The course materials	were easy to unde	erstand.		0	0	0	0	X
8. The learning activities	es encouraged my	participation.		0	0	0	X	0
9. I practiced what I wa	ıs taught.			0	\circ	0	X	O
10. The course length wa	as sufficient to deli	ver the content.		0	\circ	0	0	X
11. I received this training	ng when I needed i	t.		0	\circ	0	0	X
12. The job aid materials	seem useful.			0	0	0	0	\aleph
13. The test(s) were cons	sistent with what I	was taught.		0	0	0	0	X
14. The instructor(s) wer	e prepared.			0	\circ	0	0	X
15. The instructor(s) wer	e available for indi	vidual help.		0	0	0	0	X
16. The instructor(s)' res	ponses helped me	learn.			0	0	0	X
17. The instructor(s)' pre	sentations helped i	ne learn.			0	0	0	X

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

Integrated Training Evaluation and Measurement Services (ITEMS) CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

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

ACES Class Number	15221	
WOED GIGSS MITHINGS	 1 2001	

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	O Afternoon	○ Night					
2. Identify your status	. Permanent	○ Seasonal	○ Term	1	2	3	4	5
3. I had the basic know	wledge and skills no	ecessary to begin t	his training.	0	0	0	0	
4. The course objective	4. The course objectives focused on my job tasks.						9	0
5. The course content	matched the object	ives.		0	\odot	@	0	0
6. The course material	s helped me learn.			0	\circ	0	0	0
7. The course material	s were easy to unde	erstand.		0	0		0	0
8. The learning activit	ies encouraged my	participation.		0	0	\circ	0	0
9. I practiced what I w	as taught. 🐠			©	0	0	0	0
10. The course length w	as sufficient to del	iver the content.		0	0	0	0	0
11. I received this traini	ng when I needed i	t.		0	0	0	\circ	@
12. The job aid material	s seem useful.			0	0	\circ	0	0
13. The test(s) were con	sistent with what I	was taught.		0	0	0	0	0
14. The instructor(s) we	re prepared.			0	0	0	0	0
5. The instructor(s) we	re available for indi	ividual help.		0	0	0	0	@
6. The instructor(s)' res	sponses helped me	learn.		0	0	©	0	0
7. The instructor(s)' pro	esentations helped 1	me learn.			\circ	0	0	0

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Integrated Training Evaluation and Measurement Services (ITEMS)

CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

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

ACES Class Number 1522

Scale and Rating Definitions:

Strongly Disagree

1 This item is true none of the time or your response is No.

Disagree

2 This item is true some of the time.

Neutral

3 Neither disagree nor agree; no opinion one way or the other.

Agree

4 This item is true most of the time.

Strongly Agree

5 This item is true all of the time or your answer is Yes.

Not Applicable

Leave the item blank.

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

1. Identify your shift.	Day	○ Afternoon	○ Night					
2. Identify your status.	Permanent	○ Seasonal	○ Term	1	2	3	4	
3. I had the basic know	ledge and skills ne	ecessary to begin t	his training.		0	\circ	0	@
4. The course objective	es focused on my j	ob tasks.			0	0	0	Ø
5. The course content m	natched the object	ives.		0	\circ	\circ	0	Ø
6. The course materials	helped me learn.			0	\circ	\circ	0	6
7. The course materials	were easy to unde	erstand.		0	\circ	0	0	0
8. The learning activitie	es encouraged my	participation.		0	\circ	0	0	Ó
9. I practiced what I was	s taught.			0	\circ	0	0	0
10. The course length wa	s sufficient to deli	iver the content.		0	0	@	0	0
11. I received this training	g when I needed is	t.		0	0	©	0	0
12. The job aid materials	seem useful.			0	0	0	0	O
13. The test(s) were consi	istent with what I	was taught.		0	0	\circ	0	@
14. The instructor(s) were	e prepared.			0	0	0	0	Ø
15. The instructor(s) were	e available for indi	vidual help.		0	0	0	0	Ø
16. The instructor(s)' resp	onses helped me	learn.		0	0	0	0	Ø
17. The instructor(s)' pres	sentations helped i	me learn.		0	0	0	0	(3)

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Integrated Training Evaluation and Measurement Services (ITEMS)

CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

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

	ACES Class Number		_			
THE REAL PROPERTY AND ADDRESS OF THE PERSONS AND	Scale and Rating Definitions: Strongly Disagree Disagree Disagree This item is true none of the time or your agree; no opinion Agree This item is true most of the time. This item is true most of the time. This item is true most of the time. This item is true all of the time or your Not Applicable Leave the item blank.	onė w	ay or	the ot		
	Instructions: Use a Number 2 pencil or dark (not red) ink to c Heavily darken the "bubble" that corresponds with you				rm.	
	1. Identify your shift. Day					
	2. Identify your status. Permanent Seasonal Term	1	2	3	4	5
	3. I had the basic knowledge and skills necessary to begin this training.	0	0	\circ	0	0
	4. The course objectives focused on my job tasks.	0	0	0	0	0
	5. The course content matched the objectives.	0	0	0	0	0
	6. The course materials helped me learn.	0	0	0	0	②
	7. The course materials were easy to understand.	0	0	0	0	0
	8. The learning activities encouraged my participation.	0	\circ	0	\circ	@
	9. I practiced what I was taught.	0	\circ	0	0	0
	10. The course length was sufficient to deliver the content.	0	\circ	0	\circ	•
	11. I received this training when I needed it.	0	0	@	0	0
	12. The job aid materials seem useful.	0	\circ	0	0	0
	13. The test(s) were consistent with what I was taught.	0	0	0	0	@
	14. The instructor(s) were prepared.	0	0	0	0	•
	15. The instructor(s) were available for individual help.	0	0	0	0 0 0 0	0
]	16. The instructor(s)' responses helped me learn.	0	0	0	0	@

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

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

 \bigcirc

 \bigcirc

Integrated Training Evaluation and Measurement Services (ITEMS)

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 _

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	O Night					
2. Identify your status.	Permanent	O Seasonal	○ Term	1	2	3	4	5
3. I had the basic knowl	edge and skills ne	ecessary to begin t	his training.	0	0	\circ	\circ	•
4. The course objective	s focused on my j	ob tasks.			\circ	0		0
5. The course content m	atched the object	ives.		0	0	٥	0	0
6. The course materials	helped me learn.				0	\circ		0
7. The course materials	were easy to unde	erstand.			\circ	\circ	0	
8. The learning activities	s encouraged my	participation.			0	0		0
9. I practiced what I was	taught.				\circ	\circ	•	0
10. The course length was	s sufficient to deli	ver the content.		0	\circ	0		0
11. I received this training	g when I needed it	- -		0	0		0	0
12. The job aid materials s	seem useful.			0	0	0		0
13. The test(s) were consist	stent with what I	was taught.		0	0	0	•	0
14. The instructor(s) were	prepared.			0	0	0	0	
15. The instructor(s) were	available for indi	vidual help.		0	0	0	0	•
16. The instructor(s)' respectively.	onses helped me l	earn.		0	\circ	0	0	9
17. The instructor(s)' prese	entations helped r	ne learn.		0	0	0	0	•

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Integrated Training Evaluation and Measurement Services (ITEMS)

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

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	O Afternoon	○ Night					
2. Identify your status.	@Permanent	○ Seasonal	○ Term	1		3	4	5
3. I had the basic knowl	ledge and skills ne	ecessary to begin t	his training.	0	\circ	0	0	0
4. The course objective	s focused on my j	ob tasks.			\circ	\circ	\circ	@
5. The course content m	atched the object;	ives.			0	0	0	Ø
6. The course materials	helped me learn.				\circ	\circ	0	©
7. The course materials	were easy to unde	erstand.			\circ	\circ	0	@
8. The learning activities	s encouraged my	participation.			\circ	0	0	②
9. I practiced what I was	taught.			0	0	0	0	0
10. The course length was	s sufficient to deli	iver the content.		0	0	3	0	0
11. I received this training	g when I needed is	t.		0	\circ	@	Ø	0
12. The job aid materials	seem useful.			0	0	0	@	0
13. The test(s) were consist	stent with what I	was taught.		0	0	0	0	@
14. The instructor(s) were	prepared.			0	0	0	0	•
15. The instructor(s) were	available for indi	vidual help.		0	0	0	0	
16. The instructor(s)' resp	onses helped me	learn.		0	0	0	0	8
17. The instructor(s)' prese	entations helped r	ne learn.		0	0	0	0	0

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Integrated Training Evaluation and Measurement Services (ITEMS)

CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

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

ACES Class Number 1522	A .	_			
Scale and Rating Definitions:					
Strongly Disagree 1 This item is true none of the time or your Disagree 2 This item is true some of the time. Neutral 3 Neither disagree nor agree; no opinion Agree 4 This item is true most of the time. Strongly Agree 5 This item is true all of the time or your Not Applicable Leave the item blank.	one w	ay or	the ot		
Instructions: Use a Number 2 pencil or dark (not red) ink to c Heavily darken the "bubble" that corresponds with you				rm.	
1. Identify your shift. Day					
2. Identify your status. Permanent Seasonal Term	1	2	3	4	5
3. I had the basic knowledge and skills necessary to begin this training.	0	0	0	0	
4. The course objectives focused on my job tasks.	0	\circ	0	0	@
5. The course content matched the objectives.	0	\circ	\circ	0	٨
6. The course materials helped me learn.	0	\circ	0	0	0
7. The course materials were easy to understand.	0	\circ	0	0	@
8. The learning activities encouraged my participation.	0	\circ	0	0	@
9. I practiced what I was taught.	0	0	0	0	0
10. The course length was sufficient to deliver the content.	0	0	0	0	0
11. I received this training when I needed it.	0	0	0	0	0
12. The job aid materials seem useful.	0	0	0	Ó	•
13. The test(s) were consistent with what I was taught.	0	0	0	0	®
14. The instructor(s) were prepared.	0	0	0	0	
15. The instructor(s) were available for individual help.	0	0	0	0	(2)

Please do not attempt to copy this form. Duplicated forms cannot be scanned.

Thank you for your feedback.

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

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

Integrated Training Evaluation and Measurement Services (ITEMS)

CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

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

ACES Class Number

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

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

ı						
	Scale and Rating Definitions:					
PARTY NAME OF TAXABLE PARTY OF TAXABLE PARTY.	Strongly Disagree 1 This item is true none of the time or your Disagree 2 This item is true some of the time. Neutral 3 Neither disagree nor agree; no opinion Agree 4 This item is true most of the time. Strongly Agree 5 This item is true all of the time or your Not Applicable Leave the item blank.	one w	vay or	the ot		
	Instructions: Use a Number 2 pencil or dark (not red) ink to o Heavily darken the "bubble" that corresponds with you				rm.	
	1. Identify your shift.					
	2. Identify your status. Permanent Seasonal Term	1	2	3	4	5
	3. I had the basic knowledge and skills necessary to begin this training.		0	\circ	0	•
	4. The course objectives focused on my job tasks.	0	\circ	\circ	0	•
	5. The course content matched the objectives.	0	\circ	\circ	0	ß
	6. The course materials helped me learn.	0	\circ	0	\circ	3
	7. The course materials were easy to understand.	0	\circ	0	0	٩
	8. The learning activities encouraged my participation.	0	\circ	\circ	\circ	(3)
	9. I practiced what I was taught.	0	0	\circ	\circ	3
	10. The course length was sufficient to deliver the content.	0	\circ	\circ	0	$ \mathfrak{G} $
	11. I received this training when I needed it.	0	\circ	0	0	②
	12. The job aid materials seem useful.	0	\circ	0	0	®
	13. The test(s) were consistent with what I was taught.	0	\circ	0	0	9
	14. The instructor(s) were prepared.	0	0	0	0	Ø
Ì	15. The instructor(s) were available for individual help.	0	0	0	0	@

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

Item numbers 18 to 23 are reserved for other class types.				1	•••
	1	2	3	4	5
24. I was able to control the pace of my learning.		0	0	0	
25. I was able to control the direction of my learning.	0	\circ	0	0	Ø
26. The format helped me learn.	0	0	0	0	Ø
27. The feedback on my actions was helpful.	0	0	0	0	6
28. The computer-based portion of this training was trouble-free.	0	0	\circ	\circ	@
29. The computer response time was adequate.	0	0	0	\circ	٨
30. The software/courseware was easy to use.	0	0	0	0	
31. I could read the screens easily.	0	0	0	\circ	0
32. The video was clear.	0	0	0	\circ	٥
33. The audio was clear.	0	0	\circ	0	②
(Item 34 is reserved.) Assign a rating of "1" through "5" (1 = Very Dissatisfied-5 = Very Satilevel of satisfaction with:	 sfied)	to de	scribe	your	
35. Notification to attend this training in time to make arrangements.	0	0	0	0	(3)
36. Accommodation of my reported special needs.	@ _	0	0	0	0
37. Availability of training materials.	0	0	0	0	
38. Sufficient training supplies to help me learn.	0	0	0	0	@
39. Sufficient training equipment to help me learn.	0	0	0	@	0
40. Adequacy of the training facility to support learning.	0	0	0	0	0
41. This training, OVERALL.	0	0	0	0	@
42. The instructor(s), OVERALL.	0	0	0	0	©
Please use the space below for comments. Note: When referring to instruct Which parts of the course were most valuable?	ors, u	se firs	name	(s) on	ly.
Which parts of the course were least valuable?	<u> </u>				

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	E
24. I was able to control the pace of my learning.	0	0	②	0	
25. I was able to control the direction of my learning.	0	0	©	0	\subset
26. The format helped me learn.		0	0	0	C
27. The feedback on my actions was helpful.	0	0	O.		C
28. The computer-based portion of this training was trouble-free.	0	@	\odot	\circ	C
29. The computer response time was adequate.	0	Ø	0	\circ	C
30. The software/courseware was easy to use.	0	0	•	\circ	C
31. I could read the screens easily.	0	0	\circ	②	С
32. The video was clear.	0	0	\circ	(2)	С
33. The audio was clear. (Item 34 is reserved.)	0	0	0	@	С
Assign a rating of "1" through "5" (1 = Very Dissatisfied-5 = Very Satilevel of satisfaction with:	sfied)	to de	scribe	your	
35. Notification to attend this training in time to make arrangements.	0	\circ	\circ	0	•
36. Accommodation of my reported special needs.	0	0	0	0	0
37. Availability of training materials.	0	0	\circ	©	0
38. Sufficient training supplies to help me learn.	0	0	0	@	0
39. Sufficient training equipment to help me learn.	0	0	0	Ø	0
40. Adequacy of the training facility to support learning.	0	0	0	Ø	0
41. This training, OVERALL.	0	0	0	Ø	0
42. The instructor(s), OVERALL.	0	0	0	0	
Please use the space below for comments. Note: When referring to instruc	tors, u	se firs	t nam	e(s) on	ly.

Thank you for your feedback.

Catalog Number 73159 E

229941-1

Department of the Treasury-Internal Revenue Service

Form 12464 (10-1999)

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	ę
24. I was able to control the pace of my learning.	0	0	0	X	
25. I was able to control the direction of my learning.	0	0	X	0	
26. The format helped me learn.	0	0	0	X	
27. The feedback on my actions was helpful.	0	0	0	0	X
28. The computer-based portion of this training was trouble-free.		0	X	0	\subset
29. The computer response time was adequate.	0	X	. 0	0	C
30. The software/courseware was easy to use.	0	0	0	0	X
31. I could read the screens easily.		0	\circ	0	X
32. The video was clear.		0	Ó	0	X
33. The audio was clear. (Item 34 is reserved.)	0	0	X	0	С
Assign a rating of "1" through "5" (1 = Very Dissatisfied-5 = Very Sat level of satisfaction with:	isfied)	to de	scribe	your	
35. Notification to attend this training in time to make arrangements.	0	0	0	0	X
36. Accommodation of my reported special needs.	0	\circ	0	0	X
37. Availability of training materials.	0	\circ	\circ	0	X
38. Sufficient training supplies to help me learn.	0	\circ	0	0	D
39. Sufficient training equipment to help me learn.	0	0	0	0	X
40. Adequacy of the training facility to support learning.	0	\circ	\circ	0.	Ý
41. This training, OVERALL.	0	0	\circ	0.	X
42. The instructor(s), OVERALL.	0	0	\circ	0	\otimes
	tors, u	se firs	t name	e(s) on	ly.
Please use the space below for comments. Note: When referring to instruc		_			
Please use the space below for comments. Note: When referring to instruct which parts of the course were most valuable?	BA	<u>C_</u>			_

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.	0	0	0	0	C
25. I was able to control the direction of my learning.		0	0	\circ	C
26. The format helped me learn.	0	0	\circ	\circ	С
27. The feedback on my actions was helpful.	0	\circ	\circ	\circ	С
28. The computer-based portion of this training was trouble-free.	0	0	\circ	0	\circ
29. The computer response time was adequate.		0	0	0	0
30. The software/courseware was easy to use.	0	0	0	\circ	0
31. I could read the screens easily.	0	\circ	0	0	0
32. The video was clear.		0	0	\circ	0
33. The audio was clear. (Item 34 is reserved.)	0	0	0	0	0
Assign a rating of "1" through "5" (1 = Very Dissatisfied-5 = Very Satilevel of satisfaction with:	sfied)	to de	scribe	your	
35. Notification to attend this training in time to make arrangements.	0	\circ	\circ	\circ	0
36. Accommodation of my reported special needs.	0	0	\circ	\circ	0
37. Availability of training materials.	0	0	0		0
38. Sufficient training supplies to help me learn.	0	0	0	©	0
39. Sufficient training equipment to help me learn.	0	0	0		0
40. Adequacy of the training facility to support learning.	0	0	0	0	(2)
41. This training, OVERALL.	0	0	0	0	6
42. The instructor(s), OVERALL.	0	0	0	0	
Please use the space below for comments. Note: When referring to instruct	ors, u	se firs	t name	e(s) on	ly.

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

Item numbers 18 to 23 are reserved for other class types.				i	=
	1	2	3	4	5
24. I was able to control the pace of my learning.	0	0	0	0	0
25. I was able to control the direction of my learning.	0	0	0	0	0
26. The format helped me learn.		0	0	0	0
27. The feedback on my actions was helpful.	0	0	0	0	0
28. The computer-based portion of this training was trouble-free.	0	0	0	0	0
29. The computer response time was adequate.		0	0	0	0
30. The software/courseware was easy to use.	0	0	0	0	0
31. I could read the screens easily.	0	0	0	0	0
32. The video was clear.	0	0	0	0	0
33. The audio was clear. (Item 34 is reserved.)	0	0	0	0	0
Assign a rating of "1" through "5" (1 = Very Dissatisfied-5 = Very Satilevel of satisfaction with:	sfied)	to de	scribe	your	
35. Notification to attend this training in time to make arrangements.					0
36. Accommodation of my reported special needs.	0	0	0	0	0
37. Availability of training materials.	0	0	0	•	0
38. Sufficient training supplies to help me learn.	0	0	0		0
39. Sufficient training equipment to help me learn.	0	0	0	•	0
40. Adequacy of the training facility to support learning.	0	0		0	0
41. This training, OVERALL.	0	0	0	•	0
42. The instructor(s), OVERALL.	0	0	0	0	
Please use the space below for comments. Note: When referring to instruct	ors, u	se firs	name	(s) on	ly.
Which parts of the course were most valuable?		• •			_
Which parts of the course were most valuable? Which parts of the course were least valuable?					<u> </u>

Thank you for your feedback.

Catalog Number 73159 E

229941-1

Department of the Treasury-Internal Revenue Service

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.		0	•	0	0
25. I was able to control the direction of my learning.		0		0	0
26. The format helped me learn.		0	0	0	0
27. The feedback on my actions was helpful.		0	•	0	0
28. The computer-based portion of this training was trouble-free.	0	@	0	0	0
29. The computer response time was adequate.	0		0	0	0
30. The software/courseware was easy to use.		0	•	0	0
31. I could read the screens easily.	0	0	0	•	0
32. The video was clear.	0	0	0		0
33. The audio was clear. (Item 34 is reserved.)	0	\circ	0	•	0
Assign a rating of "1" through "5" (1 = Very Dissatisfied-5 = Very Sevel of satisfaction with: 35. Notification to attend this training in time to make arrangements.	Satisfied) to de	escrib	e your	``
36. Accommodation of my reported special needs.		0			0
37. Availability of training materials.		0	®		0
38. Sufficient training supplies to help me learn.		\circ	•		0
39. Sufficient training equipment to help me learn.			0	0	0
40. Adequacy of the training facility to support learning.			<u> </u>	\bigcirc	0
41. This training, OVERALL.				\bigcirc	<u> </u>
42. The instructor(s), OVERALL.			0	0	a
42. The histractor(s), OVERABE.					
Please use the space below for comments. Note: When referring to instr		ICA TITO	st nam	e(s) on	uy.

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

Item numbers 18 to 23 are reserved for other class types.				1	
	1	2	3	4	5
24. I was able to control the pace of my learning.	0	0	0	0	С
25. I was able to control the direction of my learning.	0	0	0	0	C
26. The format helped me learn.	0	0	\circ	0	C
27. The feedback on my actions was helpful.	0	0	\circ	\circ	С
28. The computer-based portion of this training was trouble-free.	0	0	\circ	0	С
29. The computer response time was adequate.	0	0	0	0	С
30. The software/courseware was easy to use.	0	0	\circ	0	C
31. I could read the screens easily.	0	0	0	0	0
32. The video was clear.		0	\circ	0	0
33. The audio was clear.	0	0	\circ	0	0
(Item 34 is reserved.) Assign a rating of "1" through "5" (1 = Very Dissatisfied-5 = Very Satilevel of satisfaction with:	 sfied)	to de	scribe	your	
35. Notification to attend this training in time to make arrangements.	0	0	0	0	0
36. Accommodation of my reported special needs.	0	\circ	\circ	0	0
37. Availability of training materials.	0	0	\circ	0	0
38. Sufficient training supplies to help me learn.	0	0	0	0	0
39. Sufficient training equipment to help me learn.	0	0	\circ	0	0
40. Adequacy of the training facility to support learning.	0	0	0	0	0
41. This training, OVERALL.	0	0	0	0	0
42. The instructor(s), OVERALL.	0	0	0	0	0
Please use the space below for comments. Note: When referring to instruct	ors, u	se firs	t nam	e(s) on	ly.
Which parts of the course were most valuable?					

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.		0	0	0	ð
25. I was able to control the direction of my learning.	0	0	\circ	\circ	Ó
26. The format helped me learn.	0	\circ	0	0	Ø
27. The feedback on my actions was helpful.	0	0	\circ	0	Ø
28. The computer-based portion of this training was trouble-free.	0	0	\circ	0	Ø
29. The computer response time was adequate.		0	\circ	\circ	
0. The software/courseware was easy to use.		0	0	\circ	0
I. I could read the screens easily.	0	0	0	0	9
2. The video was clear.		0	0	0	8
3. The audio was clear. Item 34 is reserved.)	0	0	0	0	Ø
Assign a rating of "1" through "5" (1 = Very Dissatisfied-5 = Very Satevel of satisfaction with:	isfied)	to de	scribe	your	
5. Notification to attend this training in time to make arrangements.	0	\circ	0	0	©
6. Accommodation of my reported special needs.	0	0	0	0	0
7 A - 11 1 112 - Ca - 1 - 1 1 - 1	0	0	0	0	Ø
7. Availability of training materials.		$\overline{}$	\circ	0	0
	0	\bigcirc			
8. Sufficient training supplies to help me learn.	0	0	0	0	0
8. Sufficient training supplies to help me learn. 9. Sufficient training equipment to help me learn.	0 0	0 0	0	0	©
8. Sufficient training supplies to help me learn. 9. Sufficient training equipment to help me learn. 0. Adequacy of the training facility to support learning.	0 0 0	0 0 0	0 0 0	0 0	O
8. Sufficient training supplies to help me learn. 9. Sufficient training equipment to help me learn. 0. Adequacy of the training facility to support learning. 1. This training, OVERALL.	0 0 0 0	0 0 0 0	0 0 0 0	0 0 0	(a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
 Availability of training materials. Sufficient training supplies to help me learn. Sufficient training equipment to help me learn. Adequacy of the training facility to support learning. This training, OVERALL. The instructor(s), OVERALL. Please use the space below for comments. Note: When referring to instruction.	<u> </u>				

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

them 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. (Item 34 is reserved.) Assign a rating of "1" through "5" (1 = Very Dissatisfied 5 = Very Satisfied) to describe you level of satisfaction with: 33. Accommodation of my reported special needs. 34. Availability of training materials. 35. Sufficient training supplies to help me learn. 36. Sufficient training equipment to help me learn.	5
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 yo level of satisfaction with: 33. Accommodation of my reported special needs. 34. Accommodation of my reported special needs. 35. Sufficient training supplies to help me learn.	
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. (Item 34 is reserved.) Assign a rating of "1" through "5" (1 = Very Dissatisfied-5 = Very Satisfied) to describe you level of satisfaction with: 35. o'otification 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.) 🍕
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. (Item 34 is reserved.) Assign a rating of "1" through "5" (1 = Very Dissatisfied-5 = Very Satisfied) to describe yo level of satisfaction with: 35. Potification 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.) ©
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. (Item 34 is reserved.) Assign a rating of "1" through "5" (1 = Very Dissatisfied-5 = Very Satisfied) to describe you level of satisfaction with: 33. Accommodation of my reported special needs. 34. Availability of training materials. 35. Sufficient training supplies to help me learn.)
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 you 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.) @
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 you 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.	
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 you level of satisfaction with: 33. Potification to attend this training in time to make arrangements. 34. Accommodation of my reported special needs. 35. Availability of training materials. 36. Sufficient training supplies to help me learn.	Ø
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 you 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.	②
33. The audio was clear. (Item 34 is reserved.) Assign a rating of "1" through "5" (1 = Very Dissatisfied-5 = Very Satisfied) to describe you 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.	@
(Item 34 is reserved.) Assign a rating of "1" through "5" (1 = Very Dissatisfied-5 = Very Satisfied) to describe you 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.	
Assign a rating of "1" through "5" (1 = Very Dissatisfied 5 = Very Satisfied) to describe you 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.	@
36. Accommodation of my reported special needs. 37. Availability of training materials. 38. Sufficient training supplies to help me learn.	r
37. Availability of training materials. 38. Sufficient training supplies to help me learn.	0
38. Sufficient training supplies to help me learn.	Ó
	©
39. Sufficient training equipment to help me learn.	\bigcirc
ł	(
40. Adequacy of the training facility to support learning.	Ø
41. This training, OVERALL.	
42. The instructor(s), OVERALL.	Q.
Please use the space below for comments. Note: When referring to instructors, use first name(s)	nly.
Which parts of the course were most valuable?	
Which parts of the course were least valuable?	