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

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 ____ 15266

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. l	Identify your shift.	Day	O Afternoon	○ Night					
2. J	Identify your status.	Permanent	O Seasonal	○ Term	1	2	3	4	5
3. 3	I had the basic knowle	edge and skills ne	cessary to begin t	his training.	0	0	0	0	@
4.	The course objectives	s focused on my jo	ob tasks.		0	0	0	0	©
5. 7	The course content m	atched the objecti	ives.		0	0	0	0	©
6. 7	The course materials	helped me learn.			0	0	0	0	Ø
7. 7	The course materials	were easy to unde	erstand.		0	0	0	0	0
8. 7	The learning activities	s encouraged my	participation.		0	0	0	0	Ø
9. I	practiced what I was	taught.			0	0	0	0	@
10. 7	The course length was	s sufficient to deli	iver the content.		0	0	0	0	0
11. I	received this training	g when I needed is	t.		0	0	0	0	•
12. 7	The job aid materials	seem useful.			0	0	0	0	Ø
13. 7	The test(s) were consi	stent with what I	was taught.		0	0	0	0	Ø
14.]	The instructor(s) were	prepared.			0	0	0	0	©
15. 7	The instructor(s) were	available for ind	ividual help.			0	\circ	0	②
16. 7	The instructor(s)' resp	onses helped me	learn.		0	0	0	0	6
17. 7	The instructor(s)' pres	sentations helped	me learn.		0	0	\circ	\circ	Ø

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

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 15266

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	O Night					
2.	Identify your status.	Permanent	O Seasonal	○ Term	1	2	3	4	5
3.	I had the basic knowled	dge and skills ne	cessary to begin t	his training.	0	0	0	0	•
4.	The course objectives	focused on my j	ob tasks.		0	0	0	0	•
5.	The course content ma	tched the objecti	ives.		0	0	0	0	
6.	The course materials h	elped me learn.			0	0	0	0	•
7.	The course materials w	vere easy to unde	erstand.		0	0	0	0	
8.	The learning activities	encouraged my	participation.		0	0	0	0	
9.	I practiced what I was	taught.			0	0	0	0	
10.	The course length was	sufficient to deli	iver the content.		0	0	0	0	•
11.	I received this training	when I needed i	t.		0	0	0	\circ	•
12.	The job aid materials s	eem useful.			0	0	0	\circ	Q
13.	The test(s) were consis	tent with what I	was taught.		0	\circ	0	0	•
14.	The instructor(s) were	prepared.			0	0	0	\circ	•
15.	The instructor(s) were	available for ind	ividual help.		0	\circ	\circ	\circ	•
16.	The instructor(s)' response	onses helped me	learn.		0	0	0	0	•
17.	The instructor(s)' prese	entations helped	me learn.		lacksquare	0	0	0	0

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 | 5266

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.	O Day	Afternoon	O Night					
2. Identify your status.	Permanent	O Seasonal	○ Term	1	2	3	4	5
3. I had the basic know	ledge and skills no	ecessary to begin	this training.	0	0	0	6	0
4. The course objective	es focused on my j	ob tasks.		0	0	0	@	0
5. The course content n	natched the object	ives.		0	0	0		0
6. The course materials	helped me learn.			0	0	0	0	•
7. The course materials	were easy to unde	erstand.		0	0	0	•	0
8. The learning activities	es encouraged my	participation.		0	0	0		0
9. I practiced what I wa	ıs taught.			0	0	0	•	0
10. The course length wa	as sufficient to del	iver the content.		0	\circ	(b)	0	0
11. I received this trainin	ng when I needed i	it.		0	0		0	0
12. The job aid materials	s seem useful.	:		0	\circ	0	(1)	0
13. The test(s) were cons	sistent with what I	was taught.		0	0	\circ	®	0
14. The instructor(s) wer	re prepared.			0	0	0	O-	•
15. The instructor(s) wer	e available for ind	lividual help.		0	\circ	0	0	(
16. The instructor(s)' res	ponses helped me	learn.		0	Ö	0	\circ	•
17. The instructor(s)' pre	esentations helped	me learn.			0	0	\circ	(D)

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)

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.

Leave the item blank. Not Applicable

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.	O Day	○ Afternoon	Night					
2.	Identify your status.	Permanent	○ Seasonal	○ Term	1	2	3	4	5
3.	I had the basic knowl	edge and skills no	ecessary to begin t	this training.	0	0	0	•	0
4.	The course objective	s focused on my j	ob tasks.		0	0	*	0	0
5.	The course content m	atched the object	ives.		0	0	0	•	0
6.	The course materials	helped me learn.			0	0	0		0
7.	The course materials	were easy to unde	erstand.		0	0	0	•	0
8.	The learning activitie	s encouraged my	participation.		0	0		(b)	0
9.	I practiced what I was	s taught.			0	0	0	. 0	6
10.	The course length wa	s sufficient to del	iver the content.		0	0	0	0	0
11.	I received this training	g when I needed i	it.	·	0	0	0		0
12.	The job aid materials	seem useful.			0	0	0	@	0
13.	The test(s) were cons	istent with what I	was taught.		0	0	0	0	0
14.	The instructor(s) were	e prepared.			0	0	0	\circ	0
15.	The instructor(s) were	e available for ind	lividual help.		0	0	0	0	@
16.	The instructor(s)' resp	ponses helped me	learn.		0	0	\circ	\circ	©
17.	The instructor(s)' pres	sentations helped	me learn.			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.

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.	O Day	○ Afternoon	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	his training.	0	0	0	0	•
4. The course objective	s focused on my j	ob tasks.		0	0	0	0	
5. The course content m	atched the object	ives.		0	0	0	\circ	•
6. The course materials	helped me learn.			0	\circ	0	•	0
7. The course materials	were easy to unde	erstand.		0	0	0	0	
8. The learning activitie	s encouraged my	participation.		0	0	0	•	0
9. I practiced what I was	s taught.			0	0	0	0	
0. The course length wa	s sufficient to del	iver the content.		0	0	0	0	
1. I received this training	g when I needed i	t.		0	0	•	0	0
2. The job aid materials	seem useful.			0	0	*	0	0
3. The test(s) were consi	istent with what I	was taught.		0	0	0	•	0
4. The instructor(s) were	e prepared.			0	0	0	0	
5. The instructor(s) were	e available for ind	ividual help.		0	0	\circ	0	(
6. The instructor(s)' resp	oonses helped me	learn.		0	0	\circ	\circ	
7. The instructor(s)' pres	sentations helped	me learn.		0	\circ	0	•	\circ

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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:

ACES Class Number

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 wa	ay or t	he oth	er.	
Instructions: Use a Number 2 pencil or dark (not red) ink to co Heavily darken the "bubble" that corresponds with you	omple ır rest	ete th	is for e.	m.	
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	0	0	0	•
4. The course objectives focused on my job tasks.	0	0	0		0
5. The course content matched the objectives.	0	0	0		0
6. The course materials helped me learn.	0	0	0	0	
7. The course materials were easy to understand.	0	0		0	0
8. The learning activities encouraged my participation.	0	0	0		0
9. I practiced what I was taught.	0	0		0	0
10. The course length was sufficient to deliver the content.	0	\circ	0		0
11. I received this training when I needed it.	0	0	0		0
12. The job aid materials seem useful.	0	0	0		0
13. The test(s) were consistent with what I was taught.	0	.0	0	\circ	
14. The instructor(s) were prepared.	0	\circ	0	\circ	•
15. The instructor(s) were available for individual help.	0	0	\circ	0	•
16. The instructor(s)' responses helped me learn.	0	0	0		0
17. The instructor(s)' presentations helped me learn.	0	0	0	\circ	

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:

ACES Class Number

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 contemporary Heavily darken the "bubble" that corresponds with you				m.				
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.	6	0	0	\circ	0			
4. The course objectives focused on my job tasks.	0	0	0	\circ	٥			
5. The course content matched the objectives.	0	0	0	6	0			
6. The course materials helped me learn.	0		0	6	0			
7. The course materials were easy to understand.	0	0	0	•	0			
8. The learning activities encouraged my participation.	0	0	0	6	0			
9. I practiced what I was taught.	0	0	®	0	0			
10. The course length was sufficient to deliver the content.	®	0	0	0	0			
11. I received this training when I needed it.	©	0	0	0	0			
12. The job aid materials seem useful.	0	0	0	•	0			
13. The test(s) were consistent with what I was taught.	0	0	0	0	0			
14. The instructor(s) were prepared.	0	0	0	0	6			
5. The instructor(s) were available for individual help.	0	0	0	0	•			
6. The instructor(s)' responses helped me learn.	0	\circ	\circ	\bigcirc	•			
	1							

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.

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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 15266					
Scale and Rating Definitions:					
Strongly Disagree 1 This item is true none of the time or Disagree 2 This item is true some of the time. Neutral 3 Neither disagree nor agree; no opining Agree 4 This item is true most of the time. Strongly Agree 5 This item is true all of the time or you not Applicable Leave the item blank.	on one wa	ay or t	he oth	er.	
Instructions: Use a Number 2 pencil or dark (not red) ink to Heavily darken the "bubble" that corresponds with y				m.	
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	0
4. The course objectives focused on my job tasks.	0	0	0	\circ	9
5. The course content matched the objectives.	0	0	0	0	
6. The course materials helped me learn.	0	0	0		0
7. The course materials were easy to understand.	0	0	0	0	
8. The learning activities encouraged my participation.	0	0	0	•	0
9. I practiced what I was taught.	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
12. The job aid materials seem useful.	0		0	•	0
13 The test(s) were consistent with what I was taught		\bigcirc	\bigcirc		\bigcirc

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

Thank you for your feedback.

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.

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Standardized Level 1 - Trainee's Course Evaluation

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

ACES Class Number __ 15266

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 • 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	0	0	•	0
5.	The course content matched the objectives.	0	0	0	•	0
6.	The course materials helped me learn.	0	0	0	•	0
7.	The course materials were easy to understand.	0	0	0		0
8.	The learning activities encouraged my participation.	0	0	0		0
9.	I practiced what I was taught.	0	0	0		0
10.	The course length was sufficient to deliver the content.	0	0	0	٠	0
11.	I received this training when I needed it.	0	•	0	0	0
12.	The job aid materials seem useful.	0	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	\circ	0	•	0
15.	The instructor(s) were available for individual help.	0	0	0	0	
16.	The instructor(s)' responses helped me learn.	0	0	0	0	
17.	The instructor(s)' presentations helped me learn.	0	\circ	\circ	\bigcirc	•

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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.

15266 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	2	3	4	5
3.	I had the basic knowled	edge and skills ne	ecessary to begin t	his training.	0	0	0	0	@
4.	The course objectives	s focused on my j	ob tasks.		0	0	0	0	Ø
5.	The course content m	atched the object	ives.		0	0	0	0	@
6.	The course materials	helped me learn.			0	0	0	0	©
7.	The course materials	were easy to unde	erstand.		0	0	0	\circ	@
8.	The learning activities	s encouraged my	participation.		0	0	0	0	@
9.	I practiced what I was	s taught.			0	0	0	\circ	•
10.	The course length was	s sufficient to del	iver the content.		0	0	0	0	@
11.	I received this training	g when I needed i	t.		Ø	0	0	0	0
12.	The job aid materials	seem useful.			0	0	0	0	Ø
13.	The test(s) were consi	istent with what I	was taught.		0		0	0	©
14.	The instructor(s) were	e prepared.			0	0	0	0	©
15.	The instructor(s) were	e available for ind	ividual help.		0	0	0	\circ	6
16.	The instructor(s)' resp	oonses helped me	learn.		0	0	0	\circ	©
١7.	The instructor(s)' pres	sentations helped	me learn.			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 15266

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.

Disagree 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	O Seasonal	○ Term	1	2	3	4	5
3.	. I had the basic knowledge and skills necessary to begin this training.						0	\circ	@
4.	The course objective	s focused on my j	ob tasks.		0	\circ	0	0	0
5.	5. The course content matched the objectives.					0	0	\circ	6
6.	The course materials	helped me learn.			0	0	0	0	Ø
7.	The course materials	were easy to unde	erstand.		0	0	0	0	•
8.	The learning activitie	s encouraged my	participation.		0	0	0	0	0
9.	9. I practiced what I was taught.					0	0	0	@
10.	The course length wa	s sufficient to del	iver the content.		0	0	0	0	0
11.	I received this training	g when I needed i	t.		0	0	0	0	•
12.	The job aid materials	seem useful.			0	0	0	0	6
13.	The test(s) were consi	istent with what I	was taught.		0	0	0	0	Ø
14.	The instructor(s) were	e prepared.			0	0	\circ	\circ	0
15.	The instructor(s) were	e available for ind	ividual help.		0	\circ	0	0	Ø
16.	The instructor(s)' resp	oonses helped me	learn.		0	0	\circ	0	
17.	The instructor(s)' pres	sentations helped	me learn.			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.

15200

ACES Class Number

Scale and Rating Definitions:					
Strongly Disagree 1 This item is true none of the time or yo 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 t	he oth	er.	
Instructions: Use a Number 2 pencil or dark (not red) ink to c Heavily darken the "bubble" that corresponds with you				m.	
1. Identify your shift. Day					
2. Identify your status. Permanent O Seasonal O 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	0	0	0	9
5. The course content matched the objectives.	0	0	0	0	•
6. The course materials helped me learn.	0	0	0	•	0
7. The course materials were easy to understand.	0	0	0	6	0
8. The learning activities encouraged my participation.	0	0	0	0	•
9. I practiced what I was taught.	0	0	0	0	
10. The course length was sufficient to deliver the content.	0	0	0	0	
11. I received this training when I needed it.	0	0	•	0	0
12. The job aid materials seem useful.	0	0	0	0	•
13. The test(s) were consistent with what I was taught.			0	0	8
14. The instructor(s) were prepared.	0	\circ	0	0	(4)
15. The instructor(s) were available for individual help.	0	0	0	\circ	
16. The instructor(s)' responses helped me learn.		0	0	\circ	•

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.

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	Ø
25. I was able to control the direction of my learning.	0	0	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	
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	Ø
30. The software/courseware was easy to use.	0	0	0	0	
31. I could read the screens easily.	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 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	0
36. Accommodation of my reported special needs.	0	0	0	0	0
37. Availability of training materials.	0	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	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 instruc	ctors, u	se firs	t nam	e(s) or	nly.
Which parts of the course were most valuable?		·			
Which parts of the course were least valuable?					

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

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 ____/5 2 5

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 knowledge and skills necessary to begin this training.	8	8		8	8	
4. The course objectives focused on my job tasks.	8	8	9	· 🖂	=	
5. The course content matched the objectives.	\Box			Ø	8	
6. The course materials helped me learn.		8		Ø		
7. The course materials were easy to understand.	=	=		۱	<u> </u>	
8. The learning activities encouraged my participation.	8		5			
9. I practiced what I was taught.				O		
10. The course length was sufficient to deliver the content.		=		*	8	
11. I received this training when I needed it.	8					
12. The job aid materials seem useful.	=			0		
13. The test(s) were consistent with what I was taught.	8			Ø		
14. The instructor(s) were prepared.				Ø		
15. The instructor(s) were available for individual help.	=			Ò		
16. The instructor(s)' responses helped me learn.				Ø		
17. The instructor(s)' presentations helped me learn.	Ё.			Ð		
}						

Form PTG 9802 CLA_CBT Please do not attempt to copy this form. Duplicated forms cannot be scanned. 9/1/98

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

and the state of the second	Item numbers 18 to 23 are reserved
a de la companya de l	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.
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=	31. I could read the screens easily.
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	(Item 34 is reserved.)
	Assign a rating of "1" through "5" (1 = Very Dissatisfied - 5 = Very S 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.
#X 4	40. Adequacy of the training facility to support learning.
	41. This training, OVERALL.
And the State of t	42. The instructor(s), OVERALL.
	Please use the space below for comments. Note: When referring to instru
14.4 (11.7)	Which parts of the course were most valuable?:

Which parts of the course were least valuable?:

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tors	, use	first n	ame(s)	only.	

Form PTG 9802 9/1/98

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

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

Scale and Rating Definitions:					
Disagree 2 This item is true none of the time or yo 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 wa	ay or t	he oth	er.	
Instructions: Use a Number 2 pencil or dark (not red) ink to control Heavily darken the "bubble" that corresponds with you				m.	
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	9
4. The course objectives focused on my job tasks.	0	0	0	0	•
5. The course content matched the objectives.	0	0	0	0	©
6. The course materials helped me learn.	0	0	0	0	6
7. The course materials were easy to understand.	0	0	0	0	®
8. The learning activities encouraged my participation.	0	0	0	0	②
9. I practiced what I was taught.	0	0	0	0	9
0. The course length was sufficient to deliver the content.	0	0	0	0	0
1. I received this training when I needed it.	②	0	0	0	0
2. The job aid materials seem useful.	0	0	0	0	9
3. The test(s) were consistent with what I was taught.	0	0	0	0	6
4. The instructor(s) were prepared.	0	0	0	0	©
5. The instructor(s) were available for individual help.	0	0	0	\circ	•
6. The instructor(s)' responses helped me learn.	0	0	0	\circ	6
	1				

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.

0

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

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 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. 40. Adequacy of the training facility to support learning. 41. This training, OVERALL. 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?	Item numbers 18 to 23 are reserved for other class types.					.
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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 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. 40. Adequacy of the training facility to support learning. 41. This training, OVERALL. Please use the space below for comments. Note: When referring to instructors, use first name(s) only.	25. I was able to control the direction of my learning.	0	0	0	0	
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31. I could read the screens easily. 32. The video was clear. 33. The audio was clear. (Item 34 is reserved.) Assign a rating of "1" through "5" (1 = Very Dissatisfied—5 = Very Satisfied) to describe your level of satisfaction with: 35. Notification to attend this training in time to make arrangements. 36. Accommodation of my reported special needs. 37. Availability of training materials. 38. Sufficient training supplies to help me learn. 39. Sufficient training equipment to help me learn. 40. Adequacy of the training facility to support learning. 41. This training, OVERALL. 42. The instructor(s), OVERALL. Please use the space below for comments. Note: When referring to instructors, use first name(s) only.	29. The computer response time was adequate.	0	0	0	0	•
32. The video was clear. 33. The audio was clear. (Item 34 is reserved.) Assign a rating of "1" through "5" (1 = Very Dissatisfied-5 = Very Satisfied) to describe your level of satisfaction with: 35. Notification to attend this training in time to make arrangements. 36. Accommodation of my reported special needs. 37. Availability of training materials. 38. Sufficient training supplies to help me learn. 39. Sufficient training equipment to help me learn. 40. Adequacy of the training facility to support learning. 41. This training, OVERALL. 42. The instructor(s), OVERALL. Please use the space below for comments. Note: When referring to instructors, use first name(s) only.	30. The software/courseware was easy to use.	0	0	0	0	
33. The audio was clear. (Item 34 is reserved.) Assign a rating of "1" through "5" (1 = Very Dissatisfied-5 = Very Satisfied) to describe your level of satisfaction with: 35. Notification to attend this training in time to make arrangements. 36. Accommodation of my reported special needs. 37. Availability of training materials. 38. Sufficient training supplies to help me learn. 39. Sufficient training equipment to help me learn. 40. Adequacy of the training facility to support learning. 41. This training, OVERALL. 42. The instructor(s), OVERALL. Please use the space below for comments. Note: When referring to instructors, use first name(s) only.	31. I could read the screens easily.	0	0	0	0	
(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. Please use the space below for comments. Note: When referring to instructors, use first name(s) only.	32. The video was clear.	0	0	0	0	•
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. Please use the space below for comments. Note: When referring to instructors, use first name(s) only.		0	0	0	0	•
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. Please use the space below for comments. Note: When referring to instructors, use first name(s) only.		, isfied)	to de	scribe	your	
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. Please use the space below for comments. Note: When referring to instructors, use first name(s) only.	35. Notification to attend this training in time to make arrangements.	0	0	0	0	9
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. Please use the space below for comments. Note: When referring to instructors, use first name(s) only.	36. Accommodation of my reported special needs.	0	0	0	0	0
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. Please use the space below for comments. Note: When referring to instructors, use first name(s) only.	37. Availability of training materials.	0	0	Ö	0	•
40. Adequacy of the training facility to support learning. 41. This training, OVERALL. 42. The instructor(s), OVERALL. Please use the space below for comments. Note: When referring to instructors, use first name(s) only.	38. Sufficient training supplies to help me learn.	0	0	0	0	•
41. This training, OVERALL. 42. The instructor(s), OVERALL. Please use the space below for comments. Note: When referring to instructors, use first name(s) only.	39. Sufficient training equipment to help me learn.	0	0	0	0	•
Please use the space below for comments. Note: When referring to instructors, use first name(s) only.	40. Adequacy of the training facility to support learning.	0	0	0	\circ	•
Please use the space below for comments. Note: When referring to instructors, use first name(s) only.	41. This training, OVERALL.	0	0	0	0	•
	42. The instructor(s), OVERALL.		0	0	0	6
Which parts of the course were most valuable?	Please use the space below for comments. Note: When referring to instruc	etors, u	se firs	st nam	e(s) or	ıły.
	Which parts of the course were most valuable?					
Which parts of the course were least 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	0				
25. I was able to control the direction of my learning.	0	0	0	0	6			
26. The format helped me learn.	0	0	0	0	6			
27. The feedback on my actions was helpful.	0	0	0	0	Ø			
28. The computer-based portion of this training was trouble-free.	0	0	0	0	9			
29. The computer response time was adequate.	0	0	0	0	6			
30. The software/courseware was easy to use.	0	0	0	0	Ô			
31. I could read the screens easily.	0		0	0	•			
32. The video was clear.	0	0	0	0	Ø			
33. The audio was clear. (Item 34 is reserved.)	0	0	0	0	@			
Assign a rating of "1" through "5" (1 = Very Dissatisfied-5 = Very Satisfied) to describe your								
Assign a rating of "1" through "5" (1 = very Dissatisfied-5 = very Sat level of satisfaction with:	1811ea <i>)</i>	to ae	scribe	your				
level of satisfaction with:	1811ea)	to de	SCTIBE	your	•			
level of satisfaction with: 35. Notification to attend this training in time to make arrangements.		то de	SCTIBE	your	•			
level of satisfaction with:35. Notification to attend this training in time to make arrangements.36. Accommodation of my reported special needs.			o O		•			
level of satisfaction with:35. Notification to attend this training in time to make arrangements.36. Accommodation of my reported special needs.	isried)		o o o		•			
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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.	0 0 0 0 0	0 0 0 0 0		0 0 0 0 0 0				
 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. 	00000000	0 0 0 0 0 0 0	0 0 0 0 0 0 0	0 0 0 0 0 0 0				

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	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
29. The computer response time was adequate.	0	0	0	0	0
30. The software/courseware was easy to use.	0	0	0	0	②
31. I could read the screens easily.		0	0	0	②
32. The video was clear:	0	0	0	0	0
33. The audio was clear. (Item 34 is reserved.)	0	0	0	0	Ø
Assign a rating of "1" through "5" $(1 = \text{Very Dissatisfied} - 5 = \text{Very Salevel of satisfaction with:}$	tisfied)	to de	scribe	your	
35. Notification to attend this training in time to make arrangements.		0	0	6	0
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	\circ	Ø
39. Sufficient training equipment to help me learn.	0	0	0		@
40. Adequacy of the training facility to support learning.	0	0	@	0	0
41. This training, OVERALL.		0	0	0	•
42. The instructor(s), OVERALL.	$\langle \circ \rangle$	0	0	0	@
Please use the space below for comments. Note: When referring to instru	ictors, t	se firs	t nam	e(s) or	ıly.
Which parts of the course were most valuable?	lar	· 			
Which parts of the course were least valuable? Lot here		Ü.			—

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	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
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	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
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 Satisfied of satisfaction with:	isfied)	to de	scribe	your	
35. Notification to attend this training in time to make arrangements.	0	0	0	•	0
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	\circ		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 instruc	etors, ı	ıse firs	st nam	e(s) 01	aly.
Which parts of the course were most valuable?			·		
					—
Which parts of the course were least 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	Ø	0		
25. I was able to control the direction of my learning.		0	0		0		
26. The format helped me learn.		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		
29. The computer response time was adequate.	0	0	0	0	@		
30. The software/courseware was easy to use.	0	0	0	•	0		
31. I could read the screens easily.		0	0	0	0		
32. The video was clear.		0	0	•	0		
33. The audio was clear. (Item 34 is reserved.)	0	0	0	•	0		
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		
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		
41. This training, OVERALL.	0	0	0	③	0		
42. The instructor(s), OVERALL.	0	0	0	0			
Please use the space below for comments. Note: When referring to instru-	ctors, u	ıse firs	st nam	e(s) or	nly.		
Which parts of the course were most valuable?							

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	0	0
25. I was able to control the direction of my learning.	0	0	0	9	0
26. The format helped me learn.		0	0	•	0
27. The feedback on my actions was helpful.	0	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	0
30. The software/courseware was easy to use.	0	0	Ö	0	0
31. I could read the screens easily.	0	0	\circ	9	0
32. The video was clear.	0	0	0	\bigcirc	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	0	0	0	0
36. Accommodation of my reported special needs.	0	0	0	0	0
37. Availability of training materials.	0	0	0	Ø	0
38. Sufficient training supplies to help me learn.	0	0	0	0	0
39. Sufficient training equipment to help me learn.	0	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 instruc	tors, u	se firs	st nam	e(s) or	ıly.
Which parts of the course were most valuable?			-		
Park and					
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	5
24. I was able to control the pace of my learning.	0	0		0	0
25. I was able to control the direction of my learning.	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
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	0	۱
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	0	0	0	
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	
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
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	•
Please use the space below for comments. Note: When referring to instruc	ctors, v	se firs	t nam	e(s) or	ıly.
Which parts of the course were most valuable?			·		
Which parts of the course were least 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	•	0		
25. I was able to control the direction of my learning.	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		
28. The computer-based portion of this training was trouble-free.		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		
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	0	0		0		
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.	0	\circ	0	0	•		
36. Accommodation of my reported special needs.	0	0	0		0		
37. Availability of training materials.	0	0	0	0	Ø		
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	•		
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? Now Snoris	1:05	Hall.	(ج ہ				
on workstations for this course.							

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.					<u> </u>
	1	2	3	4	5
24. I was able to control the pace of my learning.	0	0	0		0
25. I was able to control the direction of my learning.	0	0	0	8	0
26. The format helped me learn.	0	0	0	@	0
27. The feedback on my actions was helpful.	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
31. I could read the screens easily.	0		0	0	•
32. The video was clear.	0	0	0	•	0
33. The audio was clear. (Item 34 is reserved.)	0	0	0	@	0
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	\circ	0	0
36. Accommodation of my reported special needs.	0	0	•	9	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
		0	0	0	@
42. The instructor(s), OVERALL.	()				
42. The instructor(s), OVERALL. Please use the space below for comments. Note: When referring to instru		se firs	st nam	e(s) or	ıly.

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
25. I was able to control the direction of my learning.	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
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	@	0
31. I could read the screens easily.	0		0	@	0
32. The video was clear.	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 Sat level of satisfaction with:	isfied)	to de	scribe	your	
35. Notification to attend this training in time to make arrangements.	Ø	0	Æ	0	0
36. Accommodation of my reported special needs.	•	\circ	奠	0	0
37. Availability of training materials.	0	0	0	Ø	0
38. Sufficient training supplies to help me learn.	0	0	0	0	0
39. Sufficient training equipment to help me learn.	0	\circ	0	0	
40. Adequacy of the training facility to support learning.	0	0	0	0	0
41. This training, OVERALL.			\circ	0	Ø
	0	0	0	0	•
42. The instructor(s), OVERALL.				-	
42. The instructor(s), OVERALL. Please use the space below for comments. Note: When referring to instruc	tors, u	se firs	t nam	e(s) on	ıly.

1 - Strongly Disagree 2 - Disagree 3 - Neutral 5 - Strongly Agree Item numbers 18 to 23 are reserved for other class types. 2 3 5 24. I was able to control the pace of my learning. 0 0 0 0 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. 0 32. The video was clear. \circ 33. The audio was clear. (Item 34 is reserved.) Assign a rating of "1" through "5" (1 = Very Dissatisfied-5 = Very Satisfied) to describe your level of satisfaction with: 35. Notification to attend this training in time to make arrangements. 36. Accommodation of my reported special needs. 37. Availability of training materials. 38. Sufficient training supplies to help me learn. 39. Sufficient training equipment to help me learn. 40. Adequacy of the training facility to support learning. 41. This training, OVERALL. 42. The instructor(s), OVERALL. 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? <u>ON HAND EXPERIENCE</u> Which parts of the course were least valuable?_ Thank you for your feedback. *U.S. GOVERNMENT PRINTING OFFICE: 1999-455-249/01264

39. Sufficient training equipment to help me learn.	0	0	0	0	Ø
40. Adequacy of the training facility to support learning.	0	0	0	0	6
41. This training, OVERALL.	0	0	0	0	Ø
42. The instructor(s), OVERALL.		0	0	0	@
Please use the space below for comments. Note: When referring to instruc				` /	•
Which parts of the course were most valuable?	, E.	E~~			_
Which parts of the course were least valuable?					_