

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:

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

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

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

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

	1	2	3	4	5
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
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14.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

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

ACES Class Number 381522

Scale and Rating Definitions:

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

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Standardized Level 1 - Trainee's Course Evaluation

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

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

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

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

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

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

	1	2	3	4	5
35.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
36.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
37.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
38.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
39.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
40.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
41.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
42.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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

Which parts of the course were most valuable? lectures, examples, demos

Which parts of the course were least valuable? _____

Thank you for your feedback.

Standardized Level 1 - Trainee's Course Evaluation

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

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	1	2	3	4	5
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41. This training, OVERALL.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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Which parts of the course were most valuable? All

Which parts of the course were least valuable? NONE

Thank you for your feedback.

CLASSROOM CBT

STANDARDIZED LEVEL 1 TRAINEE'S COURSE EVALUATION COMMENTS

ACES Class Number 15133 38/522

ADDITIONAL COMMENTS:

DAVE Silverburg was a very AWESOME instructor
I LEARNED ALOT FROM HIM. HE MADE IT ALL
SEEM EASY

Thank you for your feedback.

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5	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
9	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
11	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
12	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
13	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
15	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
16	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
17	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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

STANDARDIZED LEVEL 1 TRAINEE'S COURSE EVALUATION COMMENTS

ACES Class Number 381 522

ADDITIONAL COMMENTS:

Great class excellent Instructor. Facility staff is nice and polite. Thank You for a great visit!

Thank you for your feedback.

This form may be duplicated locally as needed.

STANDARDIZED LEVEL 1 TRAINEE'S COURSE EVALUATION COMMENTS

ACES Class Number 381522

ADDITIONAL COMMENTS:

Teaching technology use of administrative tools for support of task to be aware of the environment before the user contact of a problem. In the unix structure the identity of resources for accountability of queues and reports to help administration of performance of the system, I have gain a strong fundamental basis to further grow on to further assist and aid my department and staff for utilities in the administration of the Unix system enhancement.

Thank you for your feedback.

This form may be duplicated locally as needed.

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 381522

Scale and Rating Definitions:

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

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

1. Identify your shift. Day Afternoon Night

2. Identify your status. Permanent Seasonal Term

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

4. The course objectives focused on my job tasks.

5. The course content matched the objectives.

6. The course materials helped me learn.

7. The course materials were easy to understand.

8. The learning activities encouraged my participation.

9. I practiced what I was taught.

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

11. I received this training when I needed it.

12. The job aid materials seem useful.

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

14. The instructor(s) were prepared.

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

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

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

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

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

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CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

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

ACES Class Number 381522

Scale and Rating Definitions:

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

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

1. Identify your shift. Day Afternoon Night
2. Identify your status. Permanent Seasonal Term
3. I had the basic knowledge and skills necessary to begin this training.
4. The course objectives focused on my job tasks.
5. The course content matched the objectives.
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17. The instructor(s)' presentations helped me learn.

	1	2	3	4	5
1.	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
9.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
13.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
14.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
15.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
16.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
17.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

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CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

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

ACES Class Number 15133

Scale and Rating Definitions:

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

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

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

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

	1	2	3	4	5
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
5.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
6.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
7.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
8.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
10.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
11.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
13.	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
15.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
16.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
17.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

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

ACES Class Number 381522

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.**

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

	1	2	3	4	5
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
9.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
10.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
12.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
13.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
14.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
15.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
16.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
17.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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CLASSROOM CBT

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	1	2	3	4	5
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
9.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
11.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
12.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
13.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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15.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
16.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
17.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

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ACES Class Number _____

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- | | | |
|-------------------|---|--|
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| Agree | 4 | This item is true most of the time. |
| Strongly Agree | 5 | This item is true all of the time or your answer is Yes. |
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	1	2	3	4	5
1.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
2.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
3.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
4.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
5.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
6.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
7.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
8.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
9.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
10.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
11.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
12.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
13.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
14.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
15.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
16.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
17.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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CLASSROOM CBT

Standardized Level 1 - Trainee's Course Evaluation

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

ACES Class Number 381522

Scale and Rating Definitions:

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

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

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

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
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Your feedback provides important information to improve this course. This evaluation is anonymous and should be completed on official time. Participation is voluntary but strongly encouraged. Thank you.

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

Standardized Level 1 - Trainee's Course Evaluation

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

CLASSROOM CBT

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

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

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(Item 34 is reserved.)

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

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

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

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

Which parts of the course were most valuable? _____

Which parts of the course were least valuable? _____

Thank you for your feedback.

Standardized Level 1 - Trainee's Course Evaluation

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

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

CLASSROOM CBT

- 24. I was able to control the pace of my learning.
 - 25. I was able to control the direction of my learning.
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- (Item 34 is reserved.)**

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- 39. Sufficient training equipment to help me learn.
- 40. Adequacy of the training facility to support learning.
- 41. This training, OVERALL.
- 42. The instructor(s), OVERALL.

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? OVER SCHEDULING OF CLASS
participants by 1. 15 computers 16 participants

Thank you for your feedback.

Standardized Level 1 - Trainee's Course Evaluation

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

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Which parts of the course were most valuable? _____

Which parts of the course were least valuable? _____

Thank you for your feedback.

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

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41. This training, OVERALL.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
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- 42. The instructor(s), OVERALL.

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

Which parts of the course were most valuable? lectures, examples, demos

Which parts of the course were least valuable? _____

Thank you for your feedback.

Standardized Level 1 - Trainee's Course Evaluation

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

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- 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? All

Which parts of the course were least valuable? NONE

Thank you for your feedback.

Standardized Level 1 - Trainee's Course Evaluation

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

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- 42. The instructor(s), OVERALL.

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

Which parts of the course were most valuable? _____

Which parts of the course were least valuable? _____

Thank you for your feedback.

Standardized Level 1 - Trainee's Course Evaluation

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

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

CLASSROOM CBT

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

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

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

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- 40. Adequacy of the training facility to support learning.
- 41. This training, OVERALL.
- 42. The instructor(s), OVERALL.

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

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

Which parts of the course were most valuable? _____

Which parts of the course were least valuable? _____

Thank you for your feedback.

Standardized Level 1 - Trainee's Course Evaluation

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

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

CLASSROOM CBT

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

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- 37. Availability of training materials.
- 38. Sufficient training supplies to help me learn.
- 39. Sufficient training equipment to help me learn.
- 40. Adequacy of the training facility to support learning.
- 41. This training, OVERALL.
- 42. The instructor(s), OVERALL.

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

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

Which parts of the course were most valuable? ALL

Which parts of the course were least valuable? ALL

Thank you for your feedback.

Standardized Level 1 - Trainee's Course Evaluation

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

CLASSROOM CBT

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

- 24. I was able to control the pace of my learning.
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- 31. I could read the screens easily.
- 32. The video was clear.
- 33. The audio was clear.

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

(Item 34 is reserved.)

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- 39. Sufficient training equipment to help me learn.
- 40. Adequacy of the training facility to support learning.
- 41. This training, OVERALL.
- 42. The instructor(s), OVERALL.

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

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

Which parts of the course were most valuable? The Instructor was

great!!!

Which parts of the course were least valuable? Nothing...

Thank you for your feedback.

Standardized Level 1 - Trainee's Course Evaluation

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

CLASSROOM CBT

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

- 24. I was able to control the pace of my learning.
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- 32. The video was clear.
- 33. The audio was clear.

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

(Item 34 is reserved.)

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

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- 38. Sufficient training supplies to help me learn.
- 39. Sufficient training equipment to help me learn.
- 40. Adequacy of the training facility to support learning.
- 41. This training, OVERALL.
- 42. The instructor(s), OVERALL.

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

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

Which parts of the course were most valuable? _____

Which parts of the course were least valuable? _____

Thank you for your feedback.

Standardized Level 1 - Trainee's Course Evaluation

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

CLASSROOM CBT

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

- 24. I was able to control the pace of my learning.
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	1	2	3	4	5
24.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
25.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
26.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
27.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
28.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
29.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
30.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
31.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
32.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
33.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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- 42. The instructor(s), OVERALL.

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

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

Which parts of the course were most valuable? THE SMALL PORTION OF VE

Which parts of the course were least valuable? NONE

Thank you for your feedback.

Standardized Level 1 - Trainee's Course Evaluation

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

CLASSROOM CBT

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

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

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

Which parts of the course were most valuable? _____

Which parts of the course were least valuable? _____

Thank you for your feedback.

Standardized Level 1 - Trainee's Course Evaluation

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

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

CLASSROOM CBT

- 24. I was able to control the pace of my learning.
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 - 33. The audio was clear.
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1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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- 41. This training, OVERALL.
- 42. The instructor(s), OVERALL.

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

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

Which parts of the course were most valuable? User Administration

Which parts of the course were least valuable? What is it

Thank you for your feedback.

