



As a valued customer of AppDev, your opinions and comments are important to us. Please take a few minutes to complete the following evaluation and return it to your instructor. Your comments will help guide the direction of future AppDev onsite training classes. Thank you in advance for your time and cooperation.

Custom ILT Services

ONSITE TRAINING EVALUATION FORM
(Please complete this evaluation at the end of the class)

Class Title: J2EE Websphere Name: _____

Instructor: David Silverberg Date: September 12 - 16, 2005

Rate the Materials:

- | | | | | | |
|---|---------------------|---|---|--------------------|------------------------------------|
| | (1 is worst) | | | (5 is best) | |
| 1. Helped me to understand the subject matter | ① | ② | ③ | ④ | ⑤ <input checked="" type="radio"/> |
| 2. Lab exercises were appropriate to the presentation | ① | ② | ③ | ④ | ⑤ <input checked="" type="radio"/> |
| 3. Lab exercises were the right degree of difficulty | ① | ② | ③ | ④ | ⑤ <input checked="" type="radio"/> |

Rate the instructor:

- | | | | | | |
|--------------------------------------|---|---|---|---|------------------------------------|
| 1. Knowledge of the subject matter | ① | ② | ③ | ④ | ⑤ <input checked="" type="radio"/> |
| 2. Communicates clearly | ① | ② | ③ | ④ | ⑤ <input checked="" type="radio"/> |
| 3. Quality of instruction | ① | ② | ③ | ④ | ⑤ <input checked="" type="radio"/> |
| 4. Responsiveness to students | ① | ② | ③ | ④ | ⑤ <input checked="" type="radio"/> |
| 5. Enthusiasm for subject matter | ① | ② | ③ | ④ | ⑤ <input checked="" type="radio"/> |
| 6. Answered questions satisfactorily | ① | ② | ③ | ④ | ⑤ <input checked="" type="radio"/> |

Rate the Overall Course:

- | | | | | | |
|---|---|---|---|---|------------------------------------|
| 1. Class met my expectations | ① | ② | ③ | ④ | ⑤ <input checked="" type="radio"/> |
| 2. Course information relevant to a future assignment | ① | ② | ③ | ④ | ⑤ <input checked="" type="radio"/> |
| 3. Level of instruction was just right | ① | ② | ③ | ④ | ⑤ <input checked="" type="radio"/> |
| 4. Mix of lab and lecture was just right | ① | ② | ③ | ④ | ⑤ <input checked="" type="radio"/> |
| 5. Training room created a good learning environment | ① | ② | ③ | ④ | ⑤ <input checked="" type="radio"/> |

Length of course:

- | | | |
|-----------------|------------------|---|
| Too long | Too Short | Just Right |
| ① ② | ③ | ④ ⑤ <input checked="" type="radio"/> |

- | | | |
|---|--------------------------------------|--------------------------|
| Did the course meet your objectives? | Yes <input checked="" type="radio"/> | No <input type="radio"/> |
| Would you recommend this course to others who need it? | Yes <input checked="" type="radio"/> | No <input type="radio"/> |
| Did you meet all the stated prerequisites for the course? | Yes <input checked="" type="radio"/> | No <input type="radio"/> |

What was the most valuable part of the course?

What was the least valuable part of the course?

Additional comments about the course material or instructor?

Over