



USDA / OCIO / ITS / TSD On-Line Training
Training Evaluation Form

City _____ State _____

Date of Training ___/___/___

Your response to this evaluation form is extremely important to us. To help us provide the highest quality training, we ask you to complete this evaluation and turn it in at the end of the class. Your honest constructive criticism is welcomed.

Course Title: Microsoft Windows Server 2003

Time Zone: EST

MST

CST

PST

Course Instructor: _____

Your Name: _____

Instructions: Please comment on all applicable evaluation items and assign a number grade, using a 1-5 scale, with 5 as the highest and 1 as the lowest.

1. Were the stated learning objectives met? _____

2. Were program materials accurate? _____

3. Were program materials relevant and did they contribute to the achievement of the learning objectives?

5. Was the time allotted to the learning activity appropriate? _____

6. Were the individual instructors(s) effective? _____

7. Were the handout and/or advance preparation materials satisfactory? _____

8. Were the audio and visual materials effective? _____

9. How satisfied are you with the on-line training? _____

10. How satisfied are you that this training time was well spent? _____

11. What did you like most about the training? _____

12. What areas do you think could be improved? _____
