



**Course/Teacher Evaluation Form**

Course <u>CRYSTAL REPORTS 9.0</u>	Date <u>2/3/06</u>
Name (Optional) <u>STEVE WINTER</u>	Company <u>ABC</u>

Course evaluations are important to SYS-ED. Your feedback will enable us to monitor and update our courseware. We would appreciate your taking a few minutes to fill out this form.

**Course Content**

1. Were the course objectives presented in a clear, comprehensive manner?
2. Did the course meet its stated objectives?
3. Did the course meet your expectations?
4. Was the workshop/hands-on portion of this course effective?
5. Would you recommend this course to others?

<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO

**Instructor**

6. Ability to Communicate
7. Knowledge of Subject Matter
8. Effective Use of Support Materials
9. Responsiveness to Class
10. Overall Professionalism

	EXCELLENT	GOOD	FAIR	POOR
6. Ability to Communicate	4	<input checked="" type="radio"/> 3	2	1
7. Knowledge of Subject Matter	4	<input checked="" type="radio"/> 3	2	1
8. Effective Use of Support Materials	4	<input checked="" type="radio"/> 3	2	1
9. Responsiveness to Class	<input checked="" type="radio"/> 4	<input type="radio"/> 3	2	1
10. Overall Professionalism	<input checked="" type="radio"/> 4	<input type="radio"/> 3	2	1

May we use you as a reference?

<input type="radio"/> YES	<input type="radio"/> NO
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**Manual**

11. Usefulness
12. Readability
13. Organization

	EXCELLENT	GOOD	FAIR	POOR
11. Usefulness	4	<input checked="" type="radio"/> 3	2	1
12. Readability	4	<input checked="" type="radio"/> 3	2	1
13. Organization	4	<input checked="" type="radio"/> 3	2	1

**General**

14. Overall Quality of Instructions

	EXCELLENT	GOOD	FAIR	POOR
14. Overall Quality of Instructions	<input checked="" type="radio"/> 4	<input type="radio"/> 3	2	1

**Suggestions/Comments**

TEACH CRYSTAL REPORTS NOT C# OR SQL

Is there any other information about the software you would still like to know?

Any others to whom we should send information on SYS-ED?

Name	Title	Company
Address	City	State Zip



**Course/Teacher Evaluation Form**

Course <i>CRYSTAL REPORTS 9</i>	Date <i>2-3-06</i>
Name (Optional)	Company <i>ABC INC</i>

Course evaluations are important to SYS-ED. Your feedback will enable us to monitor and update our courseware. We would appreciate your taking a few minutes to fill out this form.

**Course Content**

1. Were the course objectives presented in a clear, comprehensive manner?
2. Did the course meet its stated objectives?
3. Did the course meet your expectations?
4. Was the workshop/hands-on portion of this course effective?
5. Would you recommend this course to others?

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

**Instructor**

6. Ability to Communicate
7. Knowledge of Subject Matter
8. Effective Use of Support Materials
9. Responsiveness to Class
10. Overall Professionalism

	EXCELLENT	GOOD	FAIR	POOR
6. Ability to Communicate	4	3 ✓	2	1
7. Knowledge of Subject Matter	4 ✓	3	2	1
8. Effective Use of Support Materials	4	3 ✓	2	1
9. Responsiveness to Class	4 ✓	3	2	1
10. Overall Professionalism	4 ✓	3	2	1

May we use you as a reference?

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
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**Manual**

11. Usefulness
12. Readability
13. Organization

	EXCELLENT	GOOD	FAIR	POOR
11. Usefulness	4	3 ✓	2	1
12. Readability	4	3 ✓	2	1
13. Organization	4	3 ✓	2	1

**General**

14. Overall Quality of Instructions

	EXCELLENT	GOOD	FAIR	POOR
14. Overall Quality of Instructions	4 ✓	3	2	1

Suggestions/Comments

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Is there any other information about the software you would still like to know?

Any others to whom we should send information on SYS-ED?

Name	Title	Company
Address	City	State Zip



**Course/Teacher Evaluation Form**

Course <u>CRYSTAL Reports 9</u>	Date <u>2/3/2006</u>
Name (Optional)	Company <u>ABC</u>

Course evaluations are important to SYS-ED. Your feedback will enable us to monitor and update our courseware. We would appreciate your taking a few minutes to fill out this form.

**Course Content**

1. Were the course objectives presented in a clear, comprehensive manner?
2. Did the course meet its stated objectives?
3. Did the course meet your expectations?
4. Was the workshop/hands-on portion of this course effective?
5. Would you recommend this course to others?

<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO

**Instructor**

6. Ability to Communicate
7. Knowledge of Subject Matter
8. Effective Use of Support Materials
9. Responsiveness to Class
10. Overall Professionalism

	EXCELLENT	GOOD	FAIR	POOR
6. Ability to Communicate	<u>4</u>	3	2	1
7. Knowledge of Subject Matter	<u>4</u>	3	2	1
8. Effective Use of Support Materials	<u>4</u>	3	2	1
9. Responsiveness to Class	<u>4</u>	3	2	1
10. Overall Professionalism	<u>4</u>	3	2	1

May we use you as a reference?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**Manual**

11. Usefulness
12. Readability
13. Organization

	EXCELLENT	GOOD	FAIR	POOR
11. Usefulness	4	<u>3</u>	2	1
12. Readability	4	<u>3</u>	2	1
13. Organization	4	<u>3</u>	2	1

**General**

14. Overall Quality of Instructions

	EXCELLENT	GOOD	FAIR	POOR
14. Overall Quality of Instructions	<u>4</u>	3	2	1

Suggestions/Comments

Is there any other information about the software you would still like to know?

Any others to whom we should send information on SYS-ED?

Name	Title	Company	
Address	City	State	Zip



**Course/Teacher Evaluation Form**

Course	CRYSTAL REPORTS 9	Date	12/23/06
Name (Optional)	TONY BUNFIGLIO	Company	ABC

Course evaluations are important to SYS-ED. Your feedback will enable us to monitor and update our courseware. We would appreciate your taking a few minutes to fill out this form.

**Course Content**

1. Were the course objectives presented in a clear, comprehensive manner?
2. Did the course meet its stated objectives?
3. Did the course meet your expectations?
4. Was the workshop/hands-on portion of this course effective?
5. Would you recommend this course to others?

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

**Instructor**

6. Ability to Communicate
7. Knowledge of Subject Matter
8. Effective Use of Support Materials
9. Responsiveness to Class
10. Overall Professionalism

	EXCELLENT	GOOD	FAIR	POOR
6. Ability to Communicate	4	3	2	1
7. Knowledge of Subject Matter	4	3	2	1
8. Effective Use of Support Materials	4	3	2	1
9. Responsiveness to Class	4	3	2	1
10. Overall Professionalism	4	3	2	1

May we use you as a reference?

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
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**Manual**

11. Usefulness
12. Readability
13. Organization

	EXCELLENT	GOOD	FAIR	POOR
11. Usefulness	4	3	2	1
12. Readability	4	3	2	1
13. Organization	4	3	2	1

**General**

14. Overall Quality of Instructions

	EXCELLENT	GOOD	FAIR	POOR
14. Overall Quality of Instructions	4	3	2	1

Suggestions/Comments

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Is there any other information about the software you would still like to know?

Any others to whom we should send information on SYS-ED?

Name	Title	Company
Address	City	State Zip



**Course/Teacher Evaluation Form**

Course	CRYSTAL	Date	2-3-2006
Name (Optional)	ERIC HALL	Company	AAC

Course evaluations are important to SYS-ED. Your feedback will enable us to monitor and update our courseware. We would appreciate your taking a few minutes to fill out this form.

**Course Content**

1. Were the course objectives presented in a clear, comprehensive manner?
2. Did the course meet its stated objectives?
3. Did the course meet your expectations?
4. Was the workshop/hands-on portion of this course effective?
5. Would you recommend this course to others?

<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO

**Instructor**

6. Ability to Communicate
7. Knowledge of Subject Matter
8. Effective Use of Support Materials
9. Responsiveness to Class
10. Overall Professionalism

	EXCELLENT	GOOD	FAIR	POOR
6. Ability to Communicate	4	3	2	1
7. Knowledge of Subject Matter	4	3	2	1
8. Effective Use of Support Materials	4	3	2	1
9. Responsiveness to Class	4	3	2	1
10. Overall Professionalism	4	3	2	1

May we use you as a reference?

<input checked="" type="radio"/> YES	<input type="radio"/> NO
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**Manual**

11. Usefulness
12. Readability
13. Organization

	EXCELLENT	GOOD	FAIR	POOR
11. Usefulness	4	3	2	1
12. Readability	4	3	2	1
13. Organization	4	3	2	1

**General**

14. Overall Quality of Instructions

	EXCELLENT	GOOD	FAIR	POOR
14. Overall Quality of Instructions	4	3	2	1

Suggestions/Comments

Is there any other information about the software you would still like to know?

Any others to whom we should send information on SYS-ED?

Name	Title	Company
Address	City	State Zip



**Course/Teacher Evaluation Form**

Course <u>CRYSTAL REPORTS 9</u>	Date <u>2/03/06</u>
Name (Optional)	Company <u>ABC</u>

Course evaluations are important to SYS-ED. Your feedback will enable us to monitor and update our courseware. We would appreciate your taking a few minutes to fill out this form.

**Course Content**

1. Were the course objectives presented in a clear, comprehensive manner?
2. Did the course meet its stated objectives?
3. Did the course meet your expectations?
4. Was the workshop/hands-on portion of this course effective?
5. Would you recommend this course to others?

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

**Instructor**

6. Ability to Communicate
7. Knowledge of Subject Matter
8. Effective Use of Support Materials
9. Responsiveness to Class
10. Overall Professionalism

	EXCELLENT	GOOD	FAIR	POOR
6.	(4)	3	2	1
7.	(4)	3	2	1
8.	(4)	3	2	1
9.	(4)	3	2	1
10.	(4)	3	2	1

May we use you as a reference?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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**Manual**

11. Usefulness
12. Readability
13. Organization

	EXCELLENT	GOOD	FAIR	POOR
11.	4	✓ 3	2	1
12.	4	✓ 3	2	1
13.	4 ✓	3	2	1

**General**

14. Overall Quality of Instructions

	EXCELLENT	GOOD	FAIR	POOR
14.	4 ✓	3	2	1

Suggestions/Comments

*Excellent Instructor*

Is there any other information about the software you would still like to know?

Any others to whom we should send information on SYS-ED?

Name	Title	Company
Address	City	State Zip



**Course/Teacher Evaluation Form**

Course <i>Crystal Reports 9</i>	Date <i>2/3/06</i>
Name (Optional)	Company <i>ABC</i>

Course evaluations are important to SYS-ED. Your feedback will enable us to monitor and update our courseware. We would appreciate your taking a few minutes to fill out this form.

**Course Content**

1. Were the course objectives presented in a clear, comprehensive manner?
2. Did the course meet its stated objectives?
3. Did the course meet your expectations?
4. Was the workshop/hands-on portion of this course effective?
5. Would you recommend this course to others?

<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO

**Instructor**

6. Ability to Communicate
7. Knowledge of Subject Matter
8. Effective Use of Support Materials
9. Responsiveness to Class
10. Overall Professionalism

	EXCELLENT	GOOD	FAIR	POOR
6. Ability to Communicate	<i>(4)</i>	3	2	1
7. Knowledge of Subject Matter	<i>(4)</i>	3	2	1
8. Effective Use of Support Materials	4	<i>(3)</i>	2	1
9. Responsiveness to Class	<i>(4)</i>	3	2	1
10. Overall Professionalism	<i>(4)</i>	3	2	1

May we use you as a reference?

<input type="radio"/> YES	<input type="radio"/> NO
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**Manual**

11. Usefulness
12. Readability
13. Organization

	EXCELLENT	GOOD	FAIR	POOR
11. Usefulness	4	3	2	1
12. Readability	4	3	2	1
13. Organization	4	3	2	1

**General**

14. Overall Quality of Instructions

	EXCELLENT	GOOD	FAIR	POOR
14. Overall Quality of Instructions	<i>(4)</i>	3	2	1

Suggestions/Comments *I would have liked classroom handouts that followed the course with bullet points on what we covered each day - after a few days, it would have been helpful to go back to refresh commands we had used, and also it's a good plan to keep notes.*

Is there any other information about the software you would still like to know?

Any others to whom we should send information on SYS-ED?

Name	Title	Company
Address	City	State Zip





**Course/Teacher Evaluation Form**

Course	Date
Name (Optional)	Company

Course evaluations are important to SYS-ED. Your feedback will enable us to monitor and update our courseware. We would appreciate your taking a few minutes to fill out this form.

**Course Content**

1. Were the course objectives presented in a clear, comprehensive manner?
2. Did the course meet its stated objectives?
3. Did the course meet your expectations?
4. Was the workshop/hands-on portion of this course effective?
5. Would you recommend this course to others?

<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO

**Instructor**

6. Ability to Communicate
7. Knowledge of Subject Matter
8. Effective Use of Support Materials
9. Responsiveness to Class
10. Overall Professionalism

	EXCELLENT	GOOD	FAIR	POOR
6. Ability to Communicate	(4)	3	2	1
7. Knowledge of Subject Matter	(4)	3	2	1
8. Effective Use of Support Materials	(4)	3	2	1
9. Responsiveness to Class	(4)	3	2	1
10. Overall Professionalism	(4)	3	2	1

May we use you as a reference?

<input type="radio"/> YES	<input type="radio"/> NO
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**Manual**

11. Usefulness
12. Readability
13. Organization

	EXCELLENT	GOOD	FAIR	POOR
11. Usefulness	(4)	3	2	1
12. Readability	(4)	3	2	1
13. Organization	(4)	3	2	1

**General**

14. Overall Quality of Instructions

	EXCELLENT	GOOD	FAIR	POOR
14. Overall Quality of Instructions	(4)	3	2	1

Suggestions/Comments

Is there any other information about the software you would still like to know?

Any others to whom we should send information on SYS-ED?

Name	Title	Company
Address	City	State Zip





## Course/Teacher Evaluation Form

Course <i>CRYSTAL REPORTS 9</i>	Date <i>2/30 - 2/3/06</i>
Name (Optional) <i>CLAUDIA KREDA</i>	Company <i>ABC, INC.</i>

Course evaluations are important to SYS-ED. Your feedback will enable us to monitor and update our courseware. We would appreciate your taking a few minutes to fill out this form.

### Course Content

1. Were the course objectives presented in a clear, comprehensive manner?
2. Did the course meet its stated objectives?
3. Did the course meet your expectations?
4. Was the workshop/hands-on portion of this course effective?
5. Would you recommend this course to others?

<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO
<input checked="" type="radio"/> YES	<input type="radio"/> NO

### Instructor

6. Ability to Communicate
7. Knowledge of Subject Matter
8. Effective Use of Support Materials
9. Responsiveness to Class
10. Overall Professionalism

	EXCELLENT	GOOD	FAIR	POOR
6. Ability to Communicate	<input checked="" type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
7. Knowledge of Subject Matter	<input checked="" type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
8. Effective Use of Support Materials	<input checked="" type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
9. Responsiveness to Class	<input checked="" type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
10. Overall Professionalism	<input checked="" type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

May we use you as a reference?

<input checked="" type="radio"/> YES	<input type="radio"/> NO
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### Manual

11. Usefulness
12. Readability
13. Organization

	EXCELLENT	GOOD	FAIR	POOR
11. Usefulness	<input type="radio"/> 4	<input checked="" type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
12. Readability	<input type="radio"/> 4	<input checked="" type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1
13. Organization	<input type="radio"/> 4	<input checked="" type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

### General

14. Overall Quality of Instructions

	EXCELLENT	GOOD	FAIR	POOR
14. Overall Quality of Instructions	<input checked="" type="radio"/> 4	<input type="radio"/> 3	<input type="radio"/> 2	<input type="radio"/> 1

Suggestions/Comments

Is there any other information about the software you would still like to know?

Any others to whom we should send information on SYS-ED?

Name	Title	Company
Address	City	State Zip