

### Employment Details

|   |       |                                 |       |
|---|-------|---------------------------------|-------|
| Organization Website:                   |       | Industry                        |       |
| IT Manager - Evaluating SYS-ED Training |       | Employee - Prospective Attendee |       |
| First:                                  | Last: | First:                          | Last: |
| E-Mail Address _____                    |       | E-Mail Address _____            |       |
| Telephone Number: _____                 |       | Telephone Number _____          |       |

### Identify Your Shift

|                              |                                    |                                |
|------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Day | <input type="checkbox"/> Afternoon | <input type="checkbox"/> Night |
|------------------------------|------------------------------------|--------------------------------|

### Identify Your Status

|                                    |  |  |
|------------------------------------|--|--|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Seasonal (Consultant) | <input type="checkbox"/> Term (Consultant) |
|------------------------------------|--|--|

Please indicate if there are any special accommodations and resources that the SYS-ED instructor needs to be aware in terms of conducting this course. Specific identification and reference to Section 508 is required.

### Installation Details

|                              |                               |                               |  |                                    |                                |
|------------------------------|-------------------------------|-------------------------------|--|------------------------------------|--------------------------------|
| <b>Hardware</b>              |                               |                               | <b>Software</b>                          |                                    |                                |
| Company and Model            |                               |                               | Operating System(s) and Version (Check): |                                    |                                |
| Model(s)                     |                               |                               | <input type="checkbox"/> z/OS            | <input type="checkbox"/> z/VM      | <input type="checkbox"/> z/VSE |
|                              |                               |                               | <input type="checkbox"/> UNIX            |                                    |                                |
| Disk Packs                   | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   | <b>Programming Languages (Check)</b>     |                                    |                                |
|                              |                               |                               | <input type="checkbox"/> COBOL           | <input type="checkbox"/> Assembler | <input type="checkbox"/> PL/1  |
|                              |                               |                               | <input type="checkbox"/> Fortran         |                                    |                                |
| <b>Telecommunications</b>    |                               |                               | <b>PC Emulation</b>                      |                                    |                                |
| VTAM                         | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   | Micro Focus (list)                       | Realia (list)                      | Other (list)                   |
| SNA                          | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |  |                                    |                                |
| TCP/IP                       | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |  |                                    |                                |
|                              | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   | <b>Utilities and Development Tools</b>   |                                    |                                |
|                              |                               |                               | <b>Computer Associates</b>               | <b>Compuware</b>                   | <b>Other</b>                   |
| <b>Security</b>              |                               |                               | DYL-280                                  | Easytrieve                         | Spiffy/Interactive             |
| ACF2                         |                               | RACF                          | All Fusion -                             | File-AID: Batch                    | Development                    |
|                              |                               |                               | Endevor                                  | File-AID                           | Tool                           |
| <b>Printing</b>              |                               |                               | InterTest                                | File-AID: DB2                      | CHANGEMAN                      |
| APF                          |                               | Other                         |  | File-AID IMS                       | Syncsort                       |
|                              |                               |                               |  | Xpediter - IMS                     | File Manager,                  |
|                              |                               |                               |  | Xpediter - CICS                    | Fault Analyzer,                |
|                              |                               |                               |  |                                    | Debug Tool                     |
| <b>Middleware</b>            |                               |                               | <b>Systems Software</b>                  |                                    |                                |
| WebSphere MQ                 | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   | VSAM                                     | CICS                               | IMS                            |
| Web Enablement - Implemented | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |  |                                    |                                |
| Web Enablement - Planned     | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   | <b>Database - Relational</b>             |                                    |                                |
|                              |                               |                               | ADABAS                                   | DB2 UDB                            | MySQL                          |
| <b>Internet Programming</b>  |                               |                               | Oracle                                   | SQL Server                         | Sybase                         |
| Platform                     | <input type="checkbox"/> Java | <input type="checkbox"/> .NET |  |                                    |                                |

## Statement of Operational Objectives / Project Specification

Please list and briefly describe the training that you require in relation to your attending this SYS-ED mainframe course:

|  |
|--|
|  |
|  |
|  |

### Participant – Self Assessment/Acknowledgement

|  |                              |                             |
|--|------------------------------|-----------------------------|
| I had the basic knowledge and skills necessary to begin this training.               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I have reviewed the course outline and performance objectives.                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The performance objectives focus on either my current or projected future job tasks. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I have reviewed the common questions from the SYS-ED websites.                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I have reviewed the self assessment questions from the SYS-ED websites.              | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Self Study – Preparation

I have read the following books relating to this course:

|    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |

I have availed myself of the following e-learning courseware relating to this training.

|    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |

I have taken the following instructor-led courses related to this subject matter in the SYS-ED course that I will be attending:

| Course Title or Subject Matter | Vendor | Year |
|--------------------------------|--------|------|
|                                |        |      |

### Charter: Instructor Qualifications / Availability to Participant

|   |                              |                             |
|---|------------------------------|-----------------------------|
| I have reviewed the instructor’s biography for this course.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I have sent questions regarding this course to the instructor via e-mail?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| I need to schedule an appointment with the instructor to discuss specific issues and questions that I have regarding this course. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### Signature:

|                               |                               |
|-------------------------------|-------------------------------|
| Sponsoring Organization:      |                               |
|                               |                               |
| Name of Employee (Printed):   | Name of Manager (Printed):    |
|                               |                               |
| Business Telephone Number:    | Business Telephone Number:    |
| After Hours Telephone Number: | After Hours Telephone Number: |
| E-mail Address:               | E-mail Address:               |
|                               |                               |
| Employee Signature:           | Manager’s Signature:          |
|                               |                               |
| Date:                         | Date:                         |
|                               |                               |