

New Horizons Computer Learning Centers
Class Sign In Sheet
 (By Date)

10/25/2001

Course: 2087 Implementing Microsoft Windows 2000 Clustering

Date: 10/25/2001 Day 2 of 3

City: Oklahoma City

Facility: Room 3

Instructor: Contractor,

Minimum: 5

Maximum: 12

Status: Scheduled

Time: 8:30 AM to 4:30 PM

Student	Company	Sales Rep	Status	E-Mail	Signature
Emily	FAA AMI-600	jeffw	Completed		
Kevin	FAA AMI-600	jeffw	Completed		
Hung	FAA Logistics	jeffw	Completed		
Frank	FAA AMI-600	jeffw	Completed		
Tanya	FAA AMA 300	jeffw	Completed		
Nancy	FAA AMI-600	jeffw	No Show		
Greg	FAA AMI-600	jeffw	Completed		
Ed	FAA AMA 405	jeffw	Completed		
John	FAA AMI-600	jeffw	Completed		
George	FAA AMA 300	jeffw	Completed		
Todd	Trans-Tel Central	jeffw	Completed		
Janice	FAA AMI-600	jeffw	No Show		

FOR NEW HORIZONS REFERENCE,

PLEASE CONTACT MR KURTIS NEWBY

OPS MGR

KURTIS.NEWBY@newhorizons.com

OR CALL NEW HORIZONS OF OKC, OK
 (I DON'T HAVE THE # HANDY!)



Post-Class SURVEY

Instructor's Name Norm Hebert Class Windows 2000 Clustering
 Account Executive's Name Jeff Whitefield Date 10/26/01

Your comments are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our facilities and instructors. Please take a moment to provide us with your comments. Thank you.

Instructor Evaluation

	EXCELLENT	AVERAGE	POOR
1) Instructor demonstrated knowledge of subject materials?	<u>10</u> 9 8	7 6 5 4	3 2 1 NA
2) Instructor provided constructive feedback during the course?	<u>10</u> 9 8	7 6 5 4	3 2 1 NA
3) Instructor was prepared and organized?	<u>10</u> 9 8	7 6 5 4	3 2 1 NA
4) Instructor emphasized and reviewed key points?	<u>10</u> 9 8	7 6 5 4	3 2 1 NA
5) Instructor covered course objectives, as outlined at the start of the class?	<u>10</u> 9 8	7 6 5 4	3 2 1 NA
6) What is your overall rating of the Instructor?	<u>10</u> 9 8	7 6 5 4	3 2 1 NA

Facilities Evaluation

	EXCELLENT	AVERAGE	POOR
1) The classroom environment promoted learning?	<u>10</u> 9 8	7 6 5 4	3 2 1 NA
2) The computers functioned properly?	<u>10</u> 9 8	7 6 5 4	3 2 1 NA
3) The computers were set up in time?	<u>10</u> 9 8	7 6 5 4	3 2 1 NA
4) Did you understand what topics would be covered in class, prior to attending the class?	<u>10</u> 9 8	7 6 5 4	3 2 1 NA
5) Has your Account Executive serviced your account?	<u>10</u> 9 8	7 6 5 4	3 2 1 NA
6) Was the registration process handled well?	<u>10</u> 9 8	7 6 5 4	3 2 1 NA
7) What is your overall rating of the facility?	<u>10</u> 9 8	7 6 5 4	3 2 1 NA

Comments about the Instructor: very effective technique for instruction, didn't just read out of the book. I learned A lot. Good hands-on.

Comments about the courseware: good- have some references to take back to the office.

Comments about the facility: _____

Comments about the registration procedure (sign-in, confirmation, etc). _____

Comments about your Account Executive: _____

Your Company Name FAA

Your Name (Optional) IANIA



Post-Class SURVEY

Instructor's Name Norm Hebert Class Windows 2000 Clustering
 Account Executive's Name Jeff W. Date 10/26/01

Your comments are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our facilities and instructors. Please take a moment to provide us with your comments. Thank you.

Instructor Evaluation

	EXCELLENT	AVERAGE	POOR	
1) Instructor demonstrated knowledge of subject materials?	10 9 8	7 6 5 4	3 2 1	NA
2) Instructor provided constructive feedback during the course?	10 9 8	7 6 5 4	3 2 1	NA
3) Instructor was prepared and organized?	10 9 8	7 6 5 4	3 2 1	NA
4) Instructor emphasized and reviewed key points?	10 9 8	7 6 5 4	3 2 1	NA
5) Instructor covered course objectives, as outlined at the start of the class?	10 9 8	7 6 5 4	3 2 1	NA
6) What is your overall rating of the Instructor?	10 9 8	7 6 5 4	3 2 1	NA

Facilities Evaluation

1) The classroom environment promoted learning?	10 9 8	7 6 5 4	3 2 1	NA
2) The computers functioned properly?	10 9 8	7 6 5 4	3 2 1	NA
3) The computers were set up in time?	10 9 8	7 6 5 4	3 2 1	NA
4) Did you understand what topics would be covered in class, prior to attending the class?	10 9 8	7 6 5 4	3 2 1	NA
5) Has your Account Executive serviced your account?	10 9 8	7 6 5 4	3 2 1	NA
6) Was the registration process handled well?	10 9 8	7 6 5 4	3 2 1	NA
7) What is your overall rating of the facility?	10 9 8	7 6 5 4	3 2 1	NA

Comments about the Instructor: The instructor was very knowledgeable on the subject.

Comments about the courseware: _____

Comments about the facility: _____

Comments about the registration procedure (sign-in, confirmation, etc): _____

Comments about your Account Executive: _____

Your Company Name FAA Logistics Center

Your Name (Optional) _____



Post-Class SURVEY

Instructor's Name Norm Hebert Class 2087 Win. 2K Clustering
 Account Executive's Name Jeff Whitfield Date 10-26-02

Your comments are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our facilities and instructors. Please take a moment to provide us with your comments. Thank you.

Instructor Evaluation

	EXCELLENT	AVERAGE	POOR	
1) Instructor demonstrated knowledge of subject materials?	10 9 8	7 6 5 4	3 2 1	NA
2) Instructor provided constructive feedback during the course?	10 9 8	7 6 5 4	3 2 1	NA
3) Instructor was prepared and organized?	10 9 8	7 6 5 4	3 2 1	NA
4) Instructor emphasized and reviewed key points?	10 9 8	7 6 5 4	3 2 1	NA
5) Instructor covered course objectives, as outlined at the start of the class?	10 9 8	7 6 5 4	3 2 1	NA
5) What is your overall rating of the Instructor?	10 9 8	7 6 5 4	3 2 1	NA

Facilities Evaluation

	EXCELLENT	AVERAGE	POOR	
1) The classroom environment promoted learning?	10 9 8	7 6 5 4	3 2 1	NA
2) The computers functioned properly?	10 9 8	7 6 5 4	3 2 1	NA
3) The computers were set up in time?	10 9 8	7 6 5 4	3 2 1	NA
4) Did you understand what topics would be covered in class, prior to attending the class?	10 9 8	7 6 5 4	3 2 1	NA
5) Has your Account Executive serviced your account?	10 9 8	7 6 5 4	3 2 1	NA
5) Was the registration process handled well?	10 9 8	7 6 5 4	3 2 1	NA
7) What is your overall rating of the facility?	10 9 8	7 6 5 4	3 2 1	NA

Comments about the Instructor: _____

Comments about the courseware: _____

Comments about the facility: _____

Comments about the registration procedure (sign-in, confirmation, etc). _____

Comments about your Account Executive: _____

Your Company Name FAA

Your Name (Optional) Kevin C.



Post-Class SURVEY

Instructor's Name Norm Hebert Class Implementing 2000 Clustering
 Account Executive's Name Jeff W Date 10/26/01

Your comments are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our facilities and instructors. Please take a moment to provide us with your comments.
 Thank you.

Instructor Evaluation

	EXCELLENT	AVERAGE	POOR
1) Instructor demonstrated knowledge of subject materials?	10 9 8	7 6 5 4	3 2 1 NA
2) Instructor provided constructive feedback during the course?	10 9 8	7 6 5 4	3 2 1 NA
3) Instructor was prepared and organized?	10 9 8	7 6 5 4	3 2 1 NA
4) Instructor emphasized and reviewed key points?	10 9 8	7 6 5 4	3 2 1 NA
5) Instructor covered course objectives, as outlined at the start of the class?	10 9 8	7 6 5 4	3 2 1 NA
6) What is your overall rating of the Instructor?	10 9 8	7 6 5 4	3 2 1 NA

Facilities Evaluation

1) The classroom environment promoted learning?	10 9 8	7 6 5 4	3 2 1 NA
2) The computers functioned properly?	10 9 8	7 6 5 4	3 2 1 NA
3) The computers were set up in time?	10 9 8	7 6 5 4	3 2 1 NA
4) Did you understand what topics would be covered in class, prior to attending the class?	10 9 8	7 6 5 4	3 2 1 NA
5) Has your Account Executive serviced your account?	10 9 8	7 6 5 4	3 2 1 NA
5) Was the registration process handled well?	10 9 8	7 6 5 4	3 2 1 NA
7) What is your overall rating of the facility?	10 9 8	7 6 5 4	3 2 1 NA

Comments about the Instructor: _____

Comments about the courseware: _____

Comments about the facility: _____

Comments about the registration procedure (sign-in, confirmation, etc): _____

Comments about your Account Executive: _____

Your Company Name FAA

Your Name (Optional) Emily



Post-Class SURVEY

Instructor's Name NORM HERBERT Class WEEK CLUSTER
 Account Executive's Name JEFF W. Date 10/26/01

Your comments are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our facilities and instructors. Please take a moment to provide us with your comments. Thank you.

Instructor Evaluation

	EXCELLENT	AVERAGE	POOR	
1) Instructor demonstrated knowledge of subject materials?	10 9 8	7 6 5 4	3 2 1	NA
2) Instructor provided constructive feedback during the course?	10 9 8	7 6 5 4	3 2 1	NA
3) Instructor was prepared and organized?	10 9 8	7 6 5 4	3 2 1	NA
4) Instructor emphasized and reviewed key points?	10 9 8	7 6 5 4	3 2 1	NA
5) Instructor covered course objectives, as outlined at the start of the class?	10 9 8	7 6 5 4	3 2 1	NA
6) What is your overall rating of the Instructor?	10 9 8	7 6 5 4	3 2 1	NA

Facilities Evaluation

1) The classroom environment promoted learning?	10 9 8	7 6 5 4	3 2 1	NA
2) The computers functioned properly?	10 9 8	7 6 5 4	3 2 1	NA
3) The computers were set up in time?	10 9 8	7 6 5 4	3 2 1	NA
4) Did you understand what topics would be covered in class, prior to attending the class?	10 9 8	7 6 5 4	3 2 1	NA
5) Has your Account Executive serviced your account?	10 9 8	7 6 5 4	3 2 1	NA
6) Was the registration process handled well?	10 9 8	7 6 5 4	3 2 1	NA
7) What is your overall rating of the facility?	10 9 8	7 6 5 4	3 2 1	NA

Comments about the Instructor: GOOD KNOWLEDGEABLE INSTRUCTOR - WOULD RECOMMEND FOR FUTURE CLASSES.

Comments about the courseware: _____

Comments about the facility: _____

Comments about the registration procedure (sign-in, confirmation, etc): _____

Comments about your Account Executive: _____

Your Company Name DOT/FAA

Your Name (Optional) _____



Post-Class SURVEY

Instructor's Name Norm Hebert Class Windows 2000 Clustering (2087)
 Account Executive's Name _____ Date 10/26/01

Your comments are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our facilities and instructors. Please take a moment to provide us with your comments.
 Thank you.

Instructor Evaluation

	EXCELLENT			AVERAGE				POOR			
1) Instructor demonstrated knowledge of subject materials?	10	9	8	7	6	5	4	3	2	1	NA
2) Instructor provided constructive feedback during the course?	10	9	8	7	6	5	4	3	2	1	NA
3) Instructor was prepared and organized?	10	9	8	7	6	5	4	3	2	1	NA
4) Instructor emphasized and reviewed key points?	10	9	8	7	6	5	4	3	2	1	NA
5) Instructor covered course objectives, as outlined at the start of the class?	10	9	8	7	6	5	4	3	2	1	NA
6) What is your overall rating of the Instructor?	10	9	8	7	6	5	4	3	2	1	NA

Facilities Evaluation

	EXCELLENT			AVERAGE				POOR			
1) The classroom environment promoted learning?	10	9	8	7	6	5	4	3	2	1	NA
2) The computers functioned properly?	10	9	8	7	6	5	4	3	2	1	NA
3) The computers were set up in time?	10	9	8	7	6	5	4	3	2	1	NA
4) Did you understand what topics would be covered in class, prior to attending the class?	10	9	8	7	6	5	4	3	2	1	NA
5) Has your Account Executive serviced your account?	10	9	8	7	6	5	4	3	2	1	NA
6) Was the registration process handled well?	10	9	8	7	6	5	4	3	2	1	NA
7) What is your overall rating of the facility?	10	9	8	7	6	5	4	3	2	1	NA

Comments about the Instructor: _____

Comments about the courseware: _____

Comments about the facility: _____

Comments about the registration procedure (sign-in, confirmation, etc): _____

Comments about your Account Executive: _____

Your Company Name FAA

Your Name (Optional) _____



Post-Class SURVEY

Instructor's Name Norm Hebert Class 2000 Clustering
 Account Executive's Name Jeff W Date 10/25/01

Your comments are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our facilities and instructors. Please take a moment to provide us with your comments. Thank you.

Instructor Evaluation

	EXCELLENT	AVERAGE	POOR
1) Instructor demonstrated knowledge of subject materials?	10 <input checked="" type="radio"/> 8	7 6 5 4	3 2 1 NA
2) Instructor provided constructive feedback during the course?	10 <input checked="" type="radio"/> 8	7 6 5 4	3 2 1 NA
3) Instructor was prepared and organized?	10 <input checked="" type="radio"/> 9 <input checked="" type="radio"/> 8	7 6 5 4	3 2 1 NA
4) Instructor emphasized and reviewed key points?	10 <input checked="" type="radio"/> 8	7 6 5 4	3 2 1 NA
5) Instructor covered course objectives, as outlined at the start of the class?	10 <input checked="" type="radio"/> 8	7 6 5 4	3 2 1 NA
6) What is your overall rating of the Instructor?	10 <input checked="" type="radio"/> 8	7 6 5 4	3 2 1 NA

Facilities Evaluation

1) The classroom environment promoted learning?	10 9 <input checked="" type="radio"/> 8	7 6 5 4	3 2 1 NA
2) The computers functioned properly?	10 9 <input checked="" type="radio"/> 8	7 6 5 4	3 2 1 NA
3) The computers were set up in time?	10 <input checked="" type="radio"/> 8	7 6 5 4	3 2 1 NA
4) Did you understand what topics would be covered in class, prior to attending the class?	10 <input checked="" type="radio"/> 8	7 6 5 4	3 2 1 NA
5) Has your Account Executive serviced your account?	10 9 8	7 6 5 4	3 2 1 <input checked="" type="radio"/> NA
6) Was the registration process handled well?	10 <input checked="" type="radio"/> 8	7 6 5 4	3 2 1 NA
7) What is your overall rating of the facility?	10 9 8 <input checked="" type="radio"/> 7	6 5 4	3 2 1 NA

Comments about the Instructor: Works well under pressure

Comments about the courseware: _____

Comments about the facility: Room too hot - too noisy -

Comments about the registration procedure (sign-in, confirmation, etc): _____

Comments about your Account Executive: _____

Your Company Name FAA

Your Name (Optional) _____



Post-Class SURVEY

Instructor's Name NORM HEBERT Class 2087
 Account Executive's Name JEFF Date 10/26/01

Your comments are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our facilities and instructors. Please take a moment to provide us with your comments. Thank you.

Instructor Evaluation

	EXCELLENT		AVERAGE				POOR			
1) Instructor demonstrated knowledge of subject materials?	10	9	7	6	5	4	3	2	1	NA
2) Instructor provided constructive feedback during the course?	10	9	7	6	5	4	3	2	1	NA
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4) Instructor emphasized and reviewed key points?	10	9	7	6	5	4	3	2	1	NA
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6) What is your overall rating of the Instructor?	10	9	7	6	5	4	3	2	1	NA

Facilities Evaluation

1) The classroom environment promoted learning?	10	9	8	7	6	5	4	3	2	1	NA
2) The computers functioned properly?	10	9	8	7	6	5	4	3	2	1	NA
3) The computers were set up in time?	10	9	8	7	6	5	4	3	2	1	NA
4) Did you understand what topics would be covered in class, prior to attending the class?	10	9	8	7	6	5	4	3	2	1	NA
5) Has your Account Executive serviced your account?	10	9	8	7	6	5	4	3	2	1	NA
6) Was the registration process handled well?	10	9	8	7	6	5	4	3	2	1	NA
7) What is your overall rating of the facility?	10	9	8	7	6	5	4	3	2	1	NA

Comments about the Instructor: Enjoyed the class. Instructor was good

Comments about the courseware: _____

Comments about the facility: was not prepared to do this class from a hardware perspective.

Comments about the registration procedure (sign-in, confirmation, etc): _____

Comments about your Account Executive: _____

Your Company Name FAA
 Your Name (Optional) George



Post-Class SURVEY

Instructor's Name Norm Hebert Class 2087
 Account Executive's Name Jeff Date 10-26-01

Your comments are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our facilities and instructors. Please take a moment to provide us with your comments.
 Thank you.

Instructor Evaluation

	EXCELLENT			AVERAGE				POOR			
1) Instructor demonstrated knowledge of subject materials?	10	9	8	7	6	5	4	3	2	1	NA
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6) What is your overall rating of the Instructor?	10	9	8	7	6	5	4	3	2	1	NA

Facilities Evaluation

1) The classroom environment promoted learning?	10	9	8	7	6	5	4	3	2	1	NA
2) The computers functioned properly?	10	9	8	7	6	5	4	3	2	1	NA
3) The computers were set up in time?	10	9	8	7	6	5	4	3	2	1	NA
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5) Has your Account Executive serviced your account?	10	9	8	7	6	5	4	3	2	1	NA
6) Was the registration process handled well?	10	9	8	7	6	5	4	3	2	1	NA
7) What is your overall rating of the facility?	10	9	8	7	6	5	4	3	2	1	NA

Comments about the Instructor: _____

Comments about the courseware: _____

Comments about the facility: _____

Comments about the registration procedure (sign-in, confirmation, etc): _____

Comments about your Account Executive: _____

Your Company Name _____

Your Name (Optional) _____



Post-Class SURVEY

Instructor's Name Norm Hebert Class Windows 2K Clusterings
 Account Executive's Name Jeff Date Oct 24-26 '01

Your comments are an integral part of our quality control. In order to maintain this standard of quality, your assistance is needed in assessing the effectiveness of our facilities and instructors. Please take a moment to provide us with your comments. Thank you.

Instructor Evaluation

	EXCELLENT			AVERAGE				POOR			
1) Instructor demonstrated knowledge of subject materials?	10	9	8	7	6	5	4	3	2	1	NA
2) Instructor provided constructive feedback during the course?	10	9	8	7	6	5	4	3	2	1	NA
3) Instructor was prepared and organized?	10	9	8	7	6	5	4	3	2	1	NA
4) Instructor emphasized and reviewed key points?	10	9	8	7	6	5	4	3	2	1	NA
5) Instructor covered course objectives, as outlined at the start of the class?	10	9	8	7	6	5	4	3	2	1	NA
6) What is your overall rating of the Instructor?	10	9	8	7	6	5	4	3	2	1	NA

Facilities Evaluation

1) The classroom environment promoted learning?	10	9	8	7	6	5	4	3	2	1	NA
2) The computers functioned properly?	10	9	8	7	6	5	4	3	2	1	NA
3) The computers were set up in time?	10	9	8	7	6	5	4	3	2	1	NA
4) Did you understand what topics would be covered in class, prior to attending the class?	10	9	8	7	6	5	4	3	2	1	NA
5) Has your Account Executive serviced your account?	10	9	8	7	6	5	4	3	2	1	NA
6) Was the registration process handled well?	10	9	8	7	6	5	4	3	2	1	NA
7) What is your overall rating of the facility?	10	9	8	7	6	5	4	3	2	1	NA

Comments about the Instructor: _____

Comments about the courseware: _____

Comments about the facility: _____

Comments about the registration procedure (sign-in, confirmation, etc). _____

Comments about your Account Executive: _____

Your Company Name US DOT FAA CAMI

Your Name (Optional) _____