

Instructor Feedback Form

To be filled by instructor for all classes

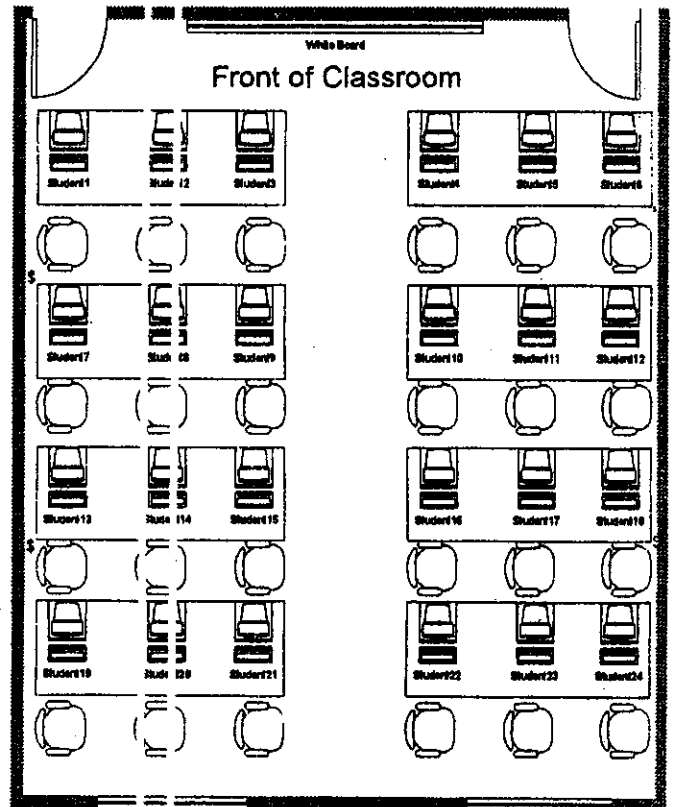


Class was held: On-Site In-House Class Name: MS 2087A Cluster
 Date: 12-5 / 12/7 Instructor: NORM HERBERT (Day Evening Custom)
 Room # 103 # of Computers 6 # of Students 4

- Was room properly set up? Neat & Clean Yes No Enough Matching Chairs Yes No
- Courseware ready by class start? Yes No
- Were certificates ready by the end of class? Yes No - Why? (ONE NEEDED TO BE RE-TYPED)
- Were there any late students? No Yes - Who & When? NO
- Did any students leave early? No Yes - Who, when and why? NO
- Any student complaints/issues? No Yes NONE

Were there any hardware/software problems? No Yes -- (Use diagram below to indicate exact location of problem computers if necessary):

Student # / NHM# ① DEREK
 Student # / NHM# ④ LISA
 Student # / NHM# ⑥ CHRIS
 Student # / NHM# ⑫ KELLY
 Student # / NHM# : _____



Issues, Ideas, Suggestions, Solutions:

Mgr. Initials KJA Date 12-7-01 Remarks: EXCELLENT CLASS (YOU GUYS WERE GREAT)

Class Eval Score: Instructor _____ Facilities _____

New Horizons Computer Learning Centers

Class Sign In Sheet

(By Date)

Course: 2087 Implementing Microsoft Windows 2000 Clustering

Date: 12/7/2001 Day: 3 of 3

City: Madison

Facility: Room 103

Instructor: Instructor, Contracted

Minimum: 5

Maximum: 4

Status: Scheduled

Time: 8:00 AM to 4:00 PM

Student	Company	Sales Rep	Status	E-Mail	Signature
Kelly	City of Madison 1	Dette	Completed		<i>Kelly</i>
Lisa	City of Madison 1	Dette	Completed		<i>Lisa</i>
Loren	Woodward Governor I/F Rockford	w.Rodewald	Completed		<i>Derrek J.</i>
Chris	City of Madison 1	Dette	Completed		<i>Chris</i>

DEREK

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New Horizons

Computer Learning Center

The quality of your class is very important to New Horizons, and your feedback is an integral part of our quality control. Please take a moment to provide us with your observations and opinions. Thank you.

Instructor Name: NORM HEBERT Class Name: IMPLEMENTING MS W2K CLUSTERING

Date of Class: 12/5 - 12/7 Account Executive/Educational Consultant (if known): _____

Your Name (Optional): DEREK Email (Optional): _____ @ WOODWARD.COM

Company Name (Optional): WOODWARD GOVERNOR Phone # (Optional): 815- _____ Work Home

Your Instructor

	Excellent	Average	Poor	N/A
1. Instructor clearly explained what topics were to be covered at class start?	10 9	8 7 6	5 4 3 2 1	N/A
2. Instructor demonstrated knowledge of subject material?	10 9	8 7 6	5 4 3 2 1	N/A
3. Instructor provided satisfactory answers to questions?	10 9	8 7 6	5 4 3 2 1	N/A
4. Instructor was prepared and organized?	10 9	8 7 6	5 4 3 2 1	N/A
5. Instructor emphasized and reviewed key points?	10 9	8 7 6	5 4 3 2 1	N/A
6. What is your overall rating of the Instructor?	10 9	8 7 6	5 4 3 2 1	N/A

Comments about the Instructor: PLEASANT INSTRUCTOR

This class ended at what time? 12:00 AM PM

Did you need to leave this class before its completion? No Yes (Reason if Yes): _____

Your Classroom

	Excellent	Average	Poor	N/A
1. Courseware and handouts satisfactorily explained at beginning of class?	10 9	8 7 6	5 4 3 2 1	N/A
2. Computers set up with all components to complete exercises?	10 9	8 7 6	5 4 3 2 1	N/A
3. My computer functioned properly throughout class duration? Keyboard worked satisfactorily? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Mouse? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Computer problems I had were resolved to my satisfaction? <input type="checkbox"/> Yes <input type="checkbox"/> No	10 9	8 7 6	5 4 3 2 1	N/A
4. Classroom provided a comfortable learning environment? Room Temperature? <input checked="" type="checkbox"/> Fine <input type="checkbox"/> Too warm <input type="checkbox"/> Too cold	10 9	8 7 6	5 4 3 2 1	N/A
5. What is your overall rating of your classroom experience today?	10 9	8 7 6	5 4 3 2 1	N/A
6. Would you recommend New Horizons to someone else? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10 9	8 7 6	5 4 3 2 1	N/A

Comments about your classroom experience today: _____

Operations/Facilities Evaluation

	Excellent	Average	Poor	N/A
1. Check-in at the front desk was timely and efficient?	10 9	8 7 6	5 4 3 2 1	N/A
2. Check-in staff was courteous and professional?	10 9	8 7 6	5 4 3 2 1	N/A
3. Restroom/Break area/Classroom clean and tidy?	10 9	8 7 6	5 4 3 2 1	N/A

Comments about Check-in process/facilities: _____

Educational Consultant (EC)/Account Executive (AE) (complete this section only if you work directly with this person)

	Excellent	Average	Poor	N/A
1. My account and needs are addressed satisfactorily and professionally?	10 9	8 7 6	5 4 3 2 1	N/A
2. The enrollment/registration process was easy and efficient?	10 9	8 7 6	5 4 3 2 1	N/A
3. I understood what topics would be covered in this class, prior to enrolling?	10 9	8 7 6	5 4 3 2 1	N/A

Comments about your EC/AE: _____

May we use your (please circle): Name _____ Company Name _____ Comments _____ in our marketing? Yes No

Thank you for your comments!

New Horizons

Computer Learning Center

The quality of your class is very important to New Horizons, and your feedback is an integral part of our quality control. Please take a moment to provide us with your observations and opinions. Thank you.

Instructor Name: Noah Hebert Class Name: Win 2000 Clustering

Date of Class: 12/6/01 Account Executive/Educational Consultant (if known): _____

Your Name (Optional): Lisa L... Email (Optional): _____

Company Name (Optional): City of Madison Phone # (Optional) 261- Work Home

Your Instructor		Excellent	Average				Poor				N/A
1.	Instructor clearly explained what topics were to be covered at class start?	9	8	7	6	5	4	3	2	1	N/A
2.	Instructor demonstrated knowledge of subject material?	9	8	7	6	5	4	3	2	1	N/A
3.	Instructor provided satisfactory answers to questions?	9	8	7	6	5	4	3	2	1	N/A
4.	Instructor was prepared and organized?	9	8	7	6	5	4	3	2	1	N/A
5.	Instructor emphasized and reviewed key points?	9	8	7	6	5	4	3	2	1	N/A
6.	What is your overall rating of the Instructor?	9	8	7	6	5	4	3	2	1	N/A

Comments about the Instructor: _____

This class ended at what time? 11:00 AM PM
 Did you need to leave this class before its completion? No Yes (Reason if Yes) _____

Your Classroom		Excellent	Average				Poor				N/A	
1.	Courseware and handouts satisfactorily explained at beginning of class?	10	8	7	6	5	4	3	2	1	N/A	
2.	Computers set up with all components to complete exercises?	10	8	7	6	5	4	3	2	1	N/A	
3.	My computer functioned properly throughout class duration? Keyboard worked satisfactorily? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Mouse? <input type="checkbox"/> Yes <input type="checkbox"/> No Computer problems I had were resolved to my satisfaction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	9	8	7	6	5	4	3	2	1	N/A	
4.	Classroom provided a comfortable learning environment? Room Temperature? <input type="checkbox"/> Fine <input type="checkbox"/> Too warm <input type="checkbox"/> Too cold	9	8	7	6	5	4	3	2	1	N/A	
5.	What is your overall rating of your classroom experience today?	9	8	7	6	5	4	3	2	1	N/A	
6.	Would you recommend New Horizons to someone else? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10	9	8	7	6	5	4	3	2	1	N/A

Comments about your classroom experience today: _____

Operations/Facilities Evaluation		Excellent	Average				Poor				N/A
1.	Check-in at the front desk was timely and efficient?	9	8	7	6	5	4	3	2	1	N/A
2.	Check-in staff was courteous and professional?	9	8	7	6	5	4	3	2	1	N/A
3.	Restrooms/Break area/Classrooms clean and tidy?	9	8	7	6	5	4	3	2	1	N/A

Comments about Check-in process/facilities: _____

Educational Consultant (EC)/Account Executive (AE) (complete this section only if you work directly with this person)		Excellent	Average				Poor				N/A
1.	My account and needs are addressed satisfactorily and professionally?	9	8	7	6	5	4	3	2	1	N/A
2.	The enrollment/registration process was easy and efficient?	9	8	7	6	5	4	3	2	1	N/A
3.	I understood what topics would be covered in this class, prior to enrolling?	9	8	7	6	5	4	3	2	1	N/A

Comments about your EC/AE: _____

May we use your (please circle): Name Company Name Commerts in our marketing? Yes No

Thank you for your comments!

New Horizons

Computer Learning Center

The quality of your class is very important to New Horizons, and your feedback is an integral part of our quality control. Please take a moment to provide us with your observations and opinions. Thank you.

Instructor Name: Norm Hebert Class Name: Win 2000 Clustering
 Date of Class: 12/6 Account Executive/Educational Consultant (if known): Leo Jette
 Your Name (Optional): Kelly Email (Optional): _____
 Company Name (Optional): City of Madison Phone # (Optional) _____ Work Home

Your Instructor		Excellent	Average			Poor			N/A			
1.	Instructor clearly explained what topics were to be covered at class start?	10	9	8	7	6	5	4	3	2	1	N/A
2.	Instructor demonstrated knowledge of subject material?	10	9	8	7	6	5	4	3	2	1	N/A
3.	Instructor provided satisfactory answers to questions?	10	9	8	7	6	5	4	3	2	1	N/A
4.	Instructor was prepared and organized?	10	9	8	7	6	5	4	3	2	1	N/A
5.	Instructor emphasized and reviewed key points?	10	9	8	7	6	5	4	3	2	1	N/A
6.	What is your overall rating of the Instructor?	10	9	8	7	6	5	4	3	2	1	N/A

Comments about the Instructor: _____

This class ended at what time? 3 AM PM
 Did you need to leave this class before its completion? No Yes (Reason if Yes): _____

Your Classroom		Excellent	Average			Poor			N/A			
1.	Courseware and handouts satisfactorily explained at beginning of class?	10	9	8	7	6	5	4	3	2	1	N/A
2.	Computers set up with all components to complete exercises?	10	9	8	7	6	5	4	3	2	1	N/A
3.	My computer functioned properly throughout class duration? Keyboard worked satisfactorily? <input type="checkbox"/> Yes <input type="checkbox"/> No Mouse? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Computer problems I had were resolved to my satisfaction? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10	9	8	7	6	5	4	3	2	1	N/A
4.	Classroom provided a comfortable learning environment? Room Temperature? <input type="checkbox"/> Fine <input type="checkbox"/> Too warm <input checked="" type="checkbox"/> Too cold	10	9	8	7	6	5	4	3	2	1	N/A
5.	What is your overall rating of your classroom experience today?	10	9	8	7	6	5	4	3	2	1	N/A
6.	Would you recommend New Horizons to someone else? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10	9	8	7	6	5	4	3	2	1	N/A

Comments about your classroom experience today: _____

Operations/Facilities Evaluation		Excellent	Average			Poor			N/A			
1.	Check-in at the front desk was timely and efficient?	10	9	8	7	6	5	4	3	2	1	N/A
2.	Check-in staff was courteous and professional?	10	9	8	7	6	5	4	3	2	1	N/A
3.	Restrooms/Break area/Classrooms clean and tidy?	10	9	8	7	6	5	4	3	2	1	N/A

Comments about Check-in process/facilities: _____

Educational Consultant (EC)/Account Executive (AE) (complete this section only if you work directly with this person)		Excellent	Average			Poor			N/A			
1.	My account and needs are addressed satisfactorily and professionally?	10	9	8	7	6	5	4	3	2	1	N/A
2.	The enrollment/registration process was easy and efficient?	10	9	8	7	6	5	4	3	2	1	N/A
3.	I understood what topics would be covered in this class, prior to enrolling?	10	9	8	7	6	5	4	3	2	1	N/A

Comments about your EC/AE: _____

May we use your (please circle): Name Company Name Comments in our marketing? Yes No
 Thank you for your comments!

Post-Class Survey

New Horizons

Computer Learning Center

The quality of your class is very important to New Horizons, and your feedback is an integral part of our quality control. Please take a moment to provide us with your observations and opinions. Thank you.

Instructor Name: Norm Hebert Class Name: 200.C2 Clustering

Date of Class: 12-5 - 12-7 Account Executive/Educational Consultant (if known): Leo

Your Name (Optional): Chris L Email (Optional): _____

Company Name (Optional): City of Madison Phone # (Optional) _____ Work Home

Your Instructor

	Excellent	Average			Poor			N/A			
1. Instructor clearly explained what topics were to be covered at class start?	10	9	8	7	6	5	4	3	2	1	N/A
2. Instructor demonstrated knowledge of subject material?	10	9	8	7	6	5	4	3	2	1	N/A
3. Instructor provided satisfactory answers to questions?	10	9	8	7	6	5	4	3	2	1	N/A
4. Instructor was prepared and organized?	10	9	8	7	6	5	4	3	2	1	N/A
5. Instructor emphasized and reviewed key points?	10	9	8	7	6	5	4	3	2	1	N/A
6. What is your overall rating of the instructor?	10	9	8	7	6	5	4	3	2	1	N/A

Comments about the Instructor: _____

This class ended at what time? 12:00 AM PM
 Did you need to leave this class before its completion? No Yes (Reason if Yes): _____

Your Classroom

	Excellent	Average			Poor			N/A			
1. Courseware and handouts satisfactorily explained at beginning of class?	10	9	8	7	6	5	4	3	2	1	N/A
2. Computers set up with all components to complete exercises?	10	9	8	7	6	5	4	3	2	1	N/A
3. My computer functioned properly throughout class duration? Keyboard worked satisfactorily? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Mouse? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Computer problems I had were resolved to my satisfaction? <input type="checkbox"/> Yes <input type="checkbox"/> No	10	9	8	7	6	5	4	3	2	1	N/A
4. Classroom provided a comfortable learning environment? Room Temperature? <input checked="" type="checkbox"/> Fine <input type="checkbox"/> Too warm <input type="checkbox"/> Too cold	10	9	8	7	6	5	4	3	2	1	N/A
5. What is your overall rating of your classroom experience today?	10	9	8	7	6	5	4	3	2	1	N/A
6. Would you recommend New Horizons to someone else? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	10	9	8	7	6	5	4	3	2	1	N/A

Comments about your classroom experience today: _____

Operations/Facilities Evaluation

	Excellent	Average			Poor			N/A			
1. Check-in at the front desk was timely and efficient?	10	9	8	7	6	5	4	3	2	1	N/A
2. Check-in staff was courteous and professional?	10	9	8	7	6	5	4	3	2	1	N/A
3. Restrooms/Break area/Classrooms clean and tidy?	10	9	8	7	6	5	4	3	2	1	N/A

Comments about Check-in process/Facilities: _____

- Internet Access would have been helpful to check office email
 - No real phones? Pay phones were a little tacky and inconvenient

Educational Consultant (EC)/Account Executive (AE) (complete this section only if you were directly with the person)

	Excellent	Average			Poor			N/A			
1. My account and needs are addressed satisfactorily and professionally?	10	9	8	7	6	5	4	3	2	1	N/A
2. The enrollment/registration process was easy and efficient?	10	9	8	7	6	5	4	3	2	1	N/A
3. I understood what topics would be covered in this class, prior to enrolling?	10	9	8	7	6	5	4	3	2	1	N/A

Comments about your EC/AE: _____

May we use your (please circle): Name Company Name Comments in our marketing? Yes No

Thank you for your comments!