

ASPIRA CTC

PARTICIPANT POST-TEST

Directions: Please fill in the blank or check ONE box for each question below.

Who Are You?

Name _____ Today's Date _____ / _____ / _____
First Middle Last MM DD YY

Social Security Number _____

What are your career goals? _____

How far do you think you will go in your education?

- Less than High School High School diploma Two-year Associate Degree
 Bachelor's Degree Master's Degree Doctorate (Ph.D., Ed.D., etc) or other professional degree

How much do you agree with the following statements?

- | | <i>Strongly</i> Agree | Agree | Disagree | <i>Strongly</i> Disagree |
|--|-----------------------------|--------------------------|--------------------------|--------------------------|
| 1. IT is important to get into college | 1. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. IT is important to meet the educational requirements of my career (job) | 2. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. IT is important to get a good job | 3. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. IT is important to become a better educated person | 4. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. My parents (friends) help me with my IT needs | 5. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. My parents (friends) help me prepare for my IT training | 6. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. My parents know about IT | 7. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

How do you consider yourself on the following statements?

- | | Higher than in most students | About the same as other students | Lower than in most students |
|---|------------------------------|----------------------------------|-----------------------------|
| 1. My interest in IT is | 1. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. My ability in IT is | 2. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. My knowledge of careers in IT is | 3. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. My knowledge of careers in IT is | 4. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. My ability to solve computer related problems is | 5. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. My knowledge of professionals in IT fields is | 6. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. My ability to use computers is | 7. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. My ability to use IT applications is | 8. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. My ability to use a word processor is | 9. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. My ability to use the Internet is | 10. <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I currently own a computer Yes No

I plan to purchase a computer Yes No

I have access to the Internet Yes No

ASPIRA CTC

COURSE EVALUATION

Course Title: _____ Date: _____

Instructor: _____

Let us have your ratings for the following questions.

Instructions: Please check **ONE** box for each question. Rate your answers: **(1)** poor or low, **(2)** below average, **(3)** average, **(4)** good and **(5)** excellent or high.

	1	2	3	4	5
1. How would you rate the organization of the course? (In other words, procedures, use of time, quality of handouts and materials)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Presentation of material by instructor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Was the instructor helpful?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Did the instructor answered your questions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Were the room, equipment and training facilities adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Please rate how closely the course met you expectations and needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Please rate the overall usefulness to you of the information presented. (How much did you learned?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Please rate your satisfaction with the ratio of instructor(s) to participants. (Were there to many students?)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Please rate your satisfaction with the pace of presentation (In oder words, not to fast to keep up/not to slow for progress)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Would you recommend your friends and family to take this course?	<input type="checkbox"/> Yes		<input type="checkbox"/> No		

10. Comments:

ASPIRA CTC

PROGRAM EVALUATION

What did you like *best* about the ASPIRA CTC program?

What did you like *least* about the ASPIRA CTC program?

How would *you improve* the ASPIRA CTC program?

How do you think the ASPIRA CTC program has *helped you*?

Which other courses would you like us to provide?

Other Comments:

Thank you!

ASPIRA CTC

DAILY COURSE ATTENDANCE LOG

Course Title: _____ Instructor: _____

Date: _____ Time: _____

Please sign your name

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

20. _____

ASPIRA CTC

CTC's Policies Acceptance

I hereby certify that I have received, read and accept the policies governing the use of facilities, equipment, software and Internet access of the ASPIRA Community Technology Center.

I understand that violation of these policies or applicable local, state or federal law or regulation is subject to loss of network access privileges, program participation and/or any other necessary disciplinary actions as reflected in the ASPIRA Code Of Student Conduct.

Signed and Accepted By:

Print Name

Date: _____

Signature

Soc. Sec. Num. _____