

VDOT GEOPAK[®] Road 1



Training Manual



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CIVIL ENGINEERING SIGN-UP SHEET

Date: _____

Course: _____

Location: _____

Instructor: _____

Attendee: _____

Company: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Name as you would like for it to appear on training certificate:

Please FAX this sign-up sheet to:

FAX: (305) 948-6290

*Bentley / GEOPAK
1190 N.E. 163rd Street
North Miami Beach, Florida 33162
Attn: Roy Balta*

Thank you !



Course Evaluation

Course Name:

Course Dates:

Course Location:

Instructor Name:

Student Information

What is your primary job responsibility?

How much experience did you have with GEOPAK prior to attending this course?

Zero 1-6 months 7-12 months 1+ years

When will you be able to apply what you have learned?

Never in 1-6 months in 7-12 months in 1+ years

Were you fluent in MicroStation before this course?

Yes No

Course Content

1 = Strongly Disagree 2 = Disagree 3 = Agree 4 = Strongly Agree

Do you feel that you can successfully apply what you have learned?

1 2 3 4

Comments _____

Will the course materials serve as a good reference in the future?

1 2 3 4

Were the class materials clear and easy to understand?

1 2 3 4

Were the exercises clear and easy to understand?

1 2 3 4

Was the material organized in a way in which promoted comprehension?

1 2 3 4

Was there sufficient time allotted for exercises?

1 2 3 4

Was the length of the course sufficient?

1 2 3 4

Comments _____

Which sections of the course were MOST valuable to you?

Which sections of the course were LEAST valuable to you?

Overall, did this course meet your expectations?

1 2 3 4

What expectations did you have that were not met?

(OVER PLEASE)

Instructor

- | | | |
|---|------------------------------|-----------------------------|
| Was the instructor well prepared? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Was the instructor organized? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did the instructor explain concepts clearly? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did the instructor explain concepts completely? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did the instructor clearly state the objectives of the course? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did the instructor fully cover the objectives of the course? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did the instructor have a sound and thorough knowledge of the courseware? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did the instructor have a sound and thorough knowledge of the exercises? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Did the instructor answer questions completely? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Would you take another class from this instructor? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

What is your overall rating of this instructor?

Excellent Good Average Below Average Poor

Additional Instructor Comments:

General Feedback

Your training experience with GEOPAK is important to us. Please feel free to offer additional comments, recommendations or suggestions on any aspect of this course.

How would you rate your overall GEOPAK training experience?

Excellent Good Average Below Average Poor

Please return to your instruction or FAX this evaluation form to:

FAX: (305) 948-6290

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Thank you !