

Cloud Application Development JAVA - Feedback Form

Please select your Java background:

☐

Beginner

☐

Experienced

☐

Expert

Please select your purpose for this training:

☐

Development Team Member

☐

Trainer Candidate

Was the level of difficulty appropriate for you:

☐

Too Hard

☐

Just Right

☐

Too Easy

Please help us improve the course by answering the following questions on a scale from 1 to 7, where 7 is the best. Please provide us detailed comments as needed in the right column.

<p>Altogether, how did you like the course?</p> <p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 </p>	
<p>How would you rate the theoretical part of the course?</p> <p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 </p>	
<p>How do you rate the practical part of the course?</p> <p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 </p>	
<p>How would you rate the trainer(s)?</p> <p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 </p>	
<p>How well prepared do you feel after this course?</p> <p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 </p>	<p>What topic is missing/can be skipped/should be reduced?</p>
<p>Do you think this course saved you time getting started in your project compared to self-learning in the internet? (4 = nothing, 7 = 2 weeks)</p> <p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 </p> <p style="text-align: center;">nothing 1 day 1 wk 2 wks</p>	
<p>Would you recommend this course to a colleague? (here 1-10: 1=no, 10=absolutely)</p> <p> <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 </p>	