

# TTMS EVALUATIONS

## Non-Prior Service Students

### End-of-Course (EOC) Survey



Technical Training Management System (TTMS)

April 2020  
TTMS Customer Support

# Introduction

Student,

Welcome to the End of Course Student Feedback Survey. This questionnaire asks for your impressions of the overall training, training environment, training facilities, and the quality of instruction.

If a comment box is visible, please take the opportunity to make comments as you proceed through the survey. Provide appropriate details of your positive or negative experience so we can detail positive feedback, solve this problem, or provide an answer to your concern (include who, what, when, where, why, and how). **DO NOT enter classified information.**

If you rate any item Disagree or Strongly Disagree, please explain where you feel your training was inadequate. At the end of each survey, you will also have the opportunity to request a response to any question.

Thank you for your time.  
//signed// Commander

Please complete the following information before beginning the first Survey. Then complete every survey and return completed forms to your survey proctor.

Course Title: \_\_\_\_\_

Grad Date: \_\_\_\_\_

Class: \_\_\_\_\_

MTF Squadron: \_\_\_\_\_

Shift, Section: \_\_\_\_\_

NPS: YES \_\_\_\_\_

Training Squadron: \_\_\_\_\_

Student Status: \_\_\_\_\_

## TECH TRAINING (NPS)

### INSTRUCTOR

1. I clearly understood my instructor's presentations, lectures, and learning activities.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

### INSTRUCTOR

2. My Instructors were knowledgeable in the subject matter.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

### INSTRUCTOR

3. My instructors addressed safety issues when appropriate.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

INSTRUCTOR

4. My instructors managed instructional time to help me learn effectively.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

INSTRUCTOR

5. My instructors established a positive learning environment.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

INSTRUCTOR

6. My instructors encouraged me to participate in active learning.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

INSTRUCTOR

7. My instructors provided special individualized assistance (SIA) as needed.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

CURRICULA

8. I clearly understood the instructional objectives and educational goals for the course.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

CURRICULA

9. I clearly understood study guides, workbooks, and other course training materials.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

CURRICULA

10. Study guides, workbooks, and other course training materials enhanced my learning.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

CURRICULA

11. Computer-based instruction, on-line learning platform, and other instructional technologies enriched my learning experience.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

CURRICULA

12. Performance progress checks and performance tests accurately measured my skill and abilities gained in this course.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

CURRICULA

13. Knowledge progress checks and knowledge tests accurately measured my knowledge gained in this course.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

CURRICULA

14. I feel confident I can apply what I learned in this course.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

EQUIPMENT AND RESOURCES

15. I had enough working computers, trainers, simulators, and/or other equipment available for training.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

EQUIPMENT AND RESOURCES

16. My learning environment had adequate lighting, furniture, temperature, ventilation, etc. to support learning.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments



## MIL TRAINING (NPS)

### MILITARY TRAINING LEADERS (MTL)

17. clearly understood policies, procedures, and standards put forth by Military Training Leaders (MTL).

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

### MILITARY TRAINING LEADERS (MTL)

18. My MTLs exhibited professional behavior and standards of conduct.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

### MILITARY TRAINING LEADERS (MTL)

19. My MTLs were available when I needed help or guidance.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

MILITARY TRAINING LEADERS (MTL)

20. My MTLs were consistent in enforcing standards.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

MILITARY TRAINING LEADERS (MTL)

21. My MTLs led by example.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

MILITARY TRAINING LEADERS (MTL)

22. My MTLs provided a positive environment that supported learning.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

### GENERAL SUPPORT (NPS)

#### QUALITY OF LIFE

23. My dormitory was sufficiently quiet to allow sleep.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

#### QUALITY OF LIFE

24. I had enough time to study to meet academic demands.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

#### QUALITY OF LIFE

25. I had sufficient time to eat lunch.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

QUALITY OF LIFE

26. My living environment had adequate lighting, linens, furniture, temperature, ventilation, etc. to support learning.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

OVERALL

27. My time in technical training was a positive learning experience.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

**FISHBOWL SUPPLEMENTAL SURVEY**

28. The Chapel's Fishbowl Student Ministry Center met my needs.

- Strongly Agree
- Agree
- Disagree (Specific Comments Required)
- Strongly Disagree (Specific Comments Required)
- Not Applicable

Comments

### REQUEST RESPONSE

Would you like someone from the staff to contact you about any subject covered in this survey? If Yes, please enter the Contact information listed below.

- Yes (continue Below)
- No (You are finished)

Select one or more of the items below that you would like to discuss.

- |   |   |
|---|---|
| <input type="checkbox"/> Assignment Personnel - Not Helpful     | <input type="checkbox"/> MTLs - Unavailable                       |
| <input type="checkbox"/> Dormitory - Too Noisy                  | <input type="checkbox"/> MTLs - Inconsistent                      |
| <input type="checkbox"/> Study Time – Insufficient              | <input type="checkbox"/> MTLs - Didn't lead by example            |
| <input type="checkbox"/> Lunch Time – Insufficient              | <input type="checkbox"/> Ropes - Inconsistent                     |
| <input type="checkbox"/> Instructional Objectives               | <input type="checkbox"/> Ropes - Didn't treat all students fairly |
| <input type="checkbox"/> Course Training Materials              | <input type="checkbox"/> Ropes – Unhelpful                        |
| <input type="checkbox"/> Instructional Technology               | <input type="checkbox"/> General Support                          |
| <input type="checkbox"/> Measurement Devices                    | <input type="checkbox"/> Fishbowl Student Ministry program        |
| <input type="checkbox"/> Classroom Equipment                    | <input type="checkbox"/> Overall                                  |
| <input type="checkbox"/> Classroom Environment                  | <input type="checkbox"/> Other                                    |
| <input type="checkbox"/> Curricula (TDY only)                   |   |
| <input type="checkbox"/> MTLs - Didn't clearly explain policies |   |
| <input type="checkbox"/> MTLs - Unapproachable                  |   |

Contact Information:

Grade: \_\_\_\_\_

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Phone: \_\_\_\_\_  
(cell or dorm, with area code)

Email Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### AGENCY DISCLOSURE NOTICE

*The public reporting burden for this collection of information, 0704-0553, is estimated to average three (3) minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, at whs.mc-alex.esd.mbx.dd-dod-information-collections@mail.mil. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.*