



IDAHO STATE UNIVERSITY
Professional Development /Short Course Form
 Return to
ISU Workforce Training
 921 South 8th Ave, Stop 8076
 Pocatello, ID 83209
 Phone (208) 282-3372 Fax (208) 282-2162

Office Use Only

Source Code: _____

Date: _____

PERSONAL INFORMATION
(All Information must be filled in)

ISU ID or SS#: _____

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Day Phone: _____

Evening Phone: _____

Birth Date: _____ Male/Female: _____

Email: _____

DEGREE INFORMATION (required)

High School: _____

HS State: _____ HS Grad Date: _____

Highest College Degree Earned: _____

Institution: _____ State: _____

Courses and forms must be completed and received by ISU Workforce Training by the dates below to be transcribed in these semesters:

Fall	August 1 – November 22
Spring	December 2 – April 23
Summer	May 1 – July 25

[Non-degree/professional development attendees may only take seven (7) ISU PD credits per semester, up to a maximum of three earned from the same course #]

SEMESTER	CRN	DEPT	COURSE #	COURSE TITLE	FEE per CR	# CR	# TOTAL
A313	31592	EDUC	5597-03	Computer Technology Training	50.00	1-3	

CHECK # _____ VISA MasterCard

Credit Card Number: _____

Expiration Date: ____/____/____ 3 Digit Card Security Number **x** _____

Cardholder Name As It Appears On Credit Card: _____

Cardholder Signature: **X** _____

IDAHO TEACHER/PROFESSIONAL DEVELOPMENT RE-CERTIFICATION ONLY
(Teachers: Form will not be processed without completing this information)

I understand that 597 courses do not count toward a graduate degree.

I am an Idaho public school teacher or other professional employee of an Idaho school district.
School district employed or contracted by: _____

I understand that through my signature I am attesting to the fact that I will attend all course sessions and events to provide 16 contact hours per 4497/5597 and 4498P/5598P credit being taken.

I understand that it is my responsibility to provide accurate credit card information and/or valid checks.

I understand the dates indicated above is the semester of when the course will be posted to my official transcript.

Transcripts may be requested throughout the year at: <http://transcripts.isu.edu>

I understand that this form must be complete and submitted within two weeks of the start of the class start date or the form and fee will be returned to me and I will not be registered. I certify that the above information is correct.

X _____
Signature Required for Registration

_____ Date

Intermountain Center for Education Effectiveness (ICEE)

Idaho State University Student Course Evaluation

Note: The purpose of this evaluation is to obtain feedback concerning the professional development courses delivered through the ICEE. This will assist in making program adjustments and improvements. Do not place your name anywhere on this form. Responses will be held in confidence and are anonymous. Completion time is approximately 5 minutes. Thank you for your participation.

Course and Title

5597-03 Computer Technology Training

Directions:

Indicate the extent to which you agree or disagree with each of the following statements by marking the appropriate box with a #2 pencil, or a blue or black ink pen. If the statement does not apply to the course, please LEAVE THE ITEM BLANK. Please do not staple, fold, or tear.

	Strongly Agree	Agree	Disagree	Strongly Disagree
1. The instructor clearly communicated the objectives of the course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The instructor clearly explained the course requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. The grading system for the course was clearly explained.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. The instructor provided a syllabus for the workshop/course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. The amount of time allocated for content covered in the course was adequate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The course requirements were related to the course objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Instructor presentations were clear and well-organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. The material presented in the course was up-to-date and current.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The instructor was receptive to differing viewpoints and opinions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. The instructor was willing to answer questions about the course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. The room was comfortable and conducive to learning.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I would like to have a more advanced class on this subject.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Issues of concern to me were addressed concerning this class topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I received "practical" guidance for integrating the material into my classroom.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Overall, this was an excellent course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. The ICEE is helping me develop as a professional educator.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>