



In the name of God

Office of Training Courses Form A- Finalization Form

Department:	Execution Code:	Executer and/or Proposer:
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Course Description:

1- Course Code: 2- Course Title: 3- Course Duration: hours
 4- Start Date:/...../..... 5- End Date (Expected):/...../..... 6- Execution Hour:
 7- Course Level: Under Diploma, Diploma, Associate Degree, Bachelor's Degree, Master's Degree (or upper)
 8- Execution Days: Saturday, Sunday, Monday, Tuesday, Wednesday, Thursday, Friday

No.	Name	Company	Facilities			Occupation Code	No.	Name	Company	Facilities			Occupation Code
			Catering	Lunch	Residence					Catering	Lunch	Residence	

Vice-Chancellor of Educational Affairs <i>Signature</i>	Head of the Department <i>Signature</i>	Course Executer <i>Signature</i>
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Course Plan:

No.	Topics	Day	Start Date	End Date	Classroom Place
		Date			

1					
2					
3					
4					
5					
6					

Details of Proposed Instructor(s):

Name (First name & Surname)	Educational Degree & Discipline	Phone Number

Vice-Chancellor of Educational Affairs
Signature

Head of the Department
Signature

Course Executer
Signature

Office of Training Courses

Form B- Registration

Course Title:

Course Code:

Course Level:

Duration: (hours)

Start Date:

End Date:

No.	First name and Surname	Father's Name	Birth Certificate No.	National ID Code	Birthplace	Date of Birth	Educational Degree	Occupation Code	Company	Phone	Signature
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

Name of the Executer (for Registration and Course Execution):

Signature:

In the name of God



Office of Training Courses
Form C- Attendance Form & Mark Form

Course Title:	Course Code:	Course Level:
Course Duration (hours):	Start Date:	End Date:

No.	First name & Surname	Pre test	1	2	3	4	5	6	7	8	9	10	11	Post test	Learning %
1															
2															
3															
4															
5															
6															
7															
8															
9															
10															
11															
12															
13															
14															
15															
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
26															
27															

First name and Surname:

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Signature

In the name of God



Office of Training Courses Form C- Attendance Form & Mark Form

Course Title:	Course Code:	Course Level:
Course Duration (hours):	Start Date:	End Date:

No.	First name & Surname	Pre test	1	2	3	4	5	6	7	8	9	10	11	Post test	Learning %
28															
29															
30															
31															
32															
33															
34															
35															
36															
37															
38															
39															
40															

First name and Surname:

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Signature

1-Course Title:	2-Course Code:	3-Instructor:	4-Executer:
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The questionnaire for evaluation of the instructor and educational facilities by the participants:

What is evaluated	Evaluation Criteria	Very Good	Good	Average	Weak
Instructor	Instructor's Mastery of the Course Topics				
	Instructor's Eloquence				
	Familiarity of the Instructor with the Water and Power Industry and his/her Mastery of the Applied Educational Issues				
	Ability to Create Interest and Motivation in Learning Process				
	Social Behavior of the Instructor towards the Learners and his/her Way of Responding to the Questions				
	Ability to Manage the Class				
	Time Management				
	Providing Practical Examples				
	Effective (and Timely) Use of Educational Aids				
	Encouraging the learners to State the Problems and Offer the Questions				
	Ability to Establish an Effective Communication with the Learners				
	Degree of Compliance of Presented Topics and Handouts with the Course Curriculum (Syllabus)				
Organization and Facilities	Classroom Environment in terms of Cleanliness, Light Quality, and Ventilation				
	Course Yield regarding the Costs, Consumed Energy, and Spent Time				
	Quality of Educational Aids				
	The Executer's Performance in terms of Organization and Providing Scientific Resources				
	Quality and Quantity of Food and Catering				
	Status of Residence in terms of Cleanliness and Accountability of the Relevant Organizers				
	Accountability of the Educational Institute Staff				

Details:

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Isfahan Higher Education and Research Institute (of Water and Power Industry)

Dear Instructor,

We are grateful for all your kindly attendance and cooperation during this course. As your precious comments and suggestions are definitely useful for our institute to improve the future training courses, we would be thankful if you could help us to better the quality of our courses by responding to below questions.

Course Title:					
Start Date:		Instructor (First Name & Surname):			
End Date:		Educational Degree & Discipline:			
Course Duration:		Instructor's Phone Number:			
What is evaluated	Evaluation Criteria	Very Goof	Good	Average	Weak
Learners (Participants)	Active Participation in Learning Process				
	Posing Relevant Applied Questions				
	Level of Participants Learning (Learning and Comprehension Capability)				
	Degree of Homogeneity of the Learners (in terms of Scientific Level)				
	Observing Discipline and Respect in Class				
	Centralization and Accuracy of the Presented Subjects				
Organization and Facilities	Degree of your Information of the Expected Goals of the Course				
	Degree of Achievement in Reaching the Goals of the Course				
	Degree of Cooperation of the Course Executors				
	Quality of Course Location				
	Degree of Availability of Required Educational Aids				
Course Duration regarding the Predetermined Topics		Too Much	Enough	Little	
Have the participants met the required prerequisites of the course?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If no, please specify the prerequisites for this course.					
-					
Have the presented materials for the course enough?		<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If no, please specify the required topics for this course.					
		-			
		-			
Please name any other course you believe it could be useful for the learners.					

Name and Surname:

Signature