

8508230300 850102
PDR ADOCK 05000289
G PDR

6. METHOD OF EVALUATION (Check all that apply)

A. WRITTEN TEST ☒ ATTACH COPY OF QUESTIONS AND ANSWERS

at end of week

B. ORAL QUESTIONING (SPOT CHECK) ☒

C. QUIZ ☐ ATTACH QUESTIONS AND ANSWERS

D. OTHER ☐ EXPLAIN

7. INSTRUCTOR/TRAINEE'S EVALUATION (This section must be filled in)

Based on your method of evaluation briefly describe the effectiveness of the program

*Some personnel refused to answer some questions,
but general knowledge was fair.*

Michael Walsh
INSTRUCTOR/INSTRUCTOR'S SIGNATURE

4/1/70

8. SIGNATURE OF SUPERVISOR OF TRAINING/TRAINING COORDINATOR

W. Brown
4/1/70

ATTACH LIST OF DOCUMENTS COVERED

attached to first issue of cycle