

Title of Session:	
Date:	
Presenter(s):	
Venue:	

**With 1 being unsatisfactory, 2 poor, 3 satisfactory, 4 good and 5 excellent**

1. How would you rate the following:

Venue	1	2	3	4	5
Facilities	1	2	3	4	5
Visual Aids	1	2	3	4	5
Handouts	1	2	3	4	5
Facilitator	1	2	3	4	5

Comments:
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2. How would you rate the session in meeting its objectives?

1    2    3    4    5

Comments:
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3. I think that the training provided will improve my effectiveness?

1    2    3    4    5

Comments:
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# Councillor Training Evaluation Form

# Annex C

4. Was the level of the subject matter:

Too advanced  Just Right  Too Basic

5. Was the length of the course:

Too Long  Just Right  Too Short

6. How did you rate the delivery of the session?

1 2 3 4 5

7. What did you learn and how do you expect to use it?

Comments:

8. Is the session enough for your requirements? Do you need further training?

Comments:

9. Overall how would you rate the standard of the session?

1 2 3 4 5

10. Any other comments

Comments:

**Thank you for taking the time to complete the form. Please return this form to Democratic Services.**