

City of Chicago Employee Ethics Training

EMPLOYEE EVALUATION FORM

(ALL EMPLOYEE ETHICS TRAINING)

1. The date/s of my training was/were: _____

2. The training program was completed in one more than one session. The total amount of time taken to complete it was approximately: _____ hour(s), and _____ minutes.

3. The training I received was as:

an individual via a City PC

other: _____

4. By using the numbers 1 through 4, (1 = requires improvement, 2 = ok, 3 = good, 4 = very good), indicate your rating of the following:

Overall opinion of the program	1	2	3	4
Presentation of the Law	1	2	3	4
Question and Answer portion	1	2	3	4
Ease of use	1	2	3	4
Content of Chapter I, Conflicts Laws	1	2	3	4
Questions on Conflicts Laws	1	2	3	4
Content of Chapter II, Gifts	1	2	3	4
Questions on Gifts	1	2	3	4

EMPLOYEE EVALUATION FORM (CONT'D)

Content of Chapter III, Employment of Relatives or Domestic Partners	1	2	3	4
Questions on Employment of Relatives or Domestic Partners	1	2	3	4
Content of Chapter IV, Political Activity	1	2	3	4
Questions on Political Activity	1	2	3	4
Content of Chapter V, Post-Employment Restrictions	1	2	3	4
Questions on Post-Employment Restrictions	1	2	3	4

5. Which principle/s or rule/s was/were not adequately presented in the materials?

6. Your suggestions on how we can improve the online training program:

7. The employee training program is is not useful to me because:

8. Before this, how many times have you had City ethics training? _____

Department Name

Employee Name *(Optional)*

Tel # *(Optional)*

Send this notice to the City of Chicago Board of Ethics, 740 N. Sedgwick, Room 500, Chicago, IL 60610,

Attn: Ed Primer, Program Director, Fax: 312.744.2793