

## CITY OF YORK COUNCIL - EVALUATION OF MEMBER TRAINING

Title &amp; Date of Course:

Delivered by:

Venue:

The Member Development Steering Group review feedback on a regular basis and use the information to inform future programmes. **Please use the space below to comment on your overall impression of the session and its delivery.**

Please record your satisfaction by ticking the appropriate circle. 1 being the lowest rating and 5 being the highest

**About the Course**

How well did the course meet your objectives?      ①   ②   ③   ④   ⑤

Was the training aimed at the right level?      ①   ②   ③   ④   ⑤

How did you rate the style and delivery of the session?      ①   ②   ③   ④   ⑤

How did you rate the quality and content of handouts?      ①   ②   ③   ④   ⑤

How much did your overall knowledge of the topic covered  
Increase?      ①   ②   ③   ④   ⑤**About the organisation of the course**

Were there sufficient breaks during the session?      ①   ②   ③   ④   ⑤

How do you rate the general organisation of the session?      ①   ②   ③   ④   ⑤

**Which if any of the Council's strategic aims and objectives do you feel this particular session supports** *(this only applies to delegates from City of York Council)*

Supporting the Economy/Thriving City       Safer City       Inclusive City Environmental Impact/Sustainable City       Healthy City       Learning City Effective Organisation       City of Culture       All of these None of these 

**Please return this form to: Democratic Services, The Guildhall York**