



Training Evaluation Form
Councillor Development Training

Name:
Date:
Presentors:
Organisation:

(Rating 1 to 5, 5 being the best)

1. How would you rate the following:

a. Venue	1	2	3	4	5
b. Facilities	1	2	3	4	5
c. Visual Aids	1	2	3	4	5
d. Handouts	1	2	3	4	5
e. Facilitator	1	2	3	4	5

Comments:

(Rating 1 to 5, 5 being the best)

How would you rate the

2. course in meeting its objectives? 1 2 3 4 5

Comments:

I think that the training

3. provided will improve my effectiveness 1 2 3 4 5

Comments:

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?
-

- Overall, how would you rate the standard of the course? (Rating 1 to 5, 5 being the best)
6. 1 2 3 4 5

Comments:

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