

MEMBER DEVELOPMENT EVALUATION FORM

Attendee Name: _____

Course/Event Title: _____

Date: _____ **Time:** _____

Facilitator Details:

Learning objectives.

Please tick the box that corresponds to your rating choice

Course Content

	Strongly Disagree (1)	Disagree (2)	Neither (3)	Agree (4)	Strongly Agree (5)
The course met the learning objectives					
The course improved my knowledge/skills					
I feel able to apply the knowledge/skills gained from the course					

Effectiveness of Course Delivery - Design and Presentation

	Strongly Disagree (1)	Disagree (2)	Neither (3)	Agree (4)	Strongly Agree (5)
The course objectives were clearly explained					
The course covered the areas that I expected					
The course content and terms used were easy to understand and follow					
The total time allocated for the course was sufficient					
The course delivery methods (lecture, PowerPoint, workshop, online) were appropriate to the course content					
The delivery method assisted my learning and understanding					

Participant Engagement

	Strongly Disagree (1)	Disagree (2)	Neither (3)	Agree (4)	Strongly Agree (5)
Participants were encouraged to take part in discussion and to ask questions and express their opinions					
There was sufficient opportunity for interactive participation					

About the Facilitator or Instructor

	Strongly Disagree (1)	Disagree (2)	Neither (3)	Agree (4)	Strongly Agree (5)
The facilitator/trainer was effective in communicating the course content.					
The facilitator/trainer encouraged active participation and feedback					
The facilitator/trainer provided clear answers and appropriate feedback to questions					
The facilitator/trainer was respectful of different levels of skills, knowledge, views and values of participants					

	Poor (1)	Fair (2)	Good (3)	Very Good (4)	Excellent (5)
Overall rating of the learning and development course or activity					

	Definitely Not (1)	Probably Not (2)	Not Sure (3)	Probably (4)	Definitely (5)
I would recommend this course to others					

What aspect/s of this training course could be improved?

Do you have any other suggestions on how we can improve this learning and development opportunity?

**Thank you – Please return this form to a member of the Democratic Services Team
Your evaluation will help to improve future activities offered to Elected Members**