

**General comments on the course/event:** 

## **POST COURSE REVIEW:**

## **COUNCILLOR DEVELOPMENT**

Couricilior.					
Course/Event title:					
Date/Time of Course					
Please rank your overall perception of the course/ever  5 = Very Good; 4 = Good; 3 = Average; 2 = Ma	•	•	propriate	columns l	oelow
Session	5	4	3	2	1
How well did the session meet your needs?					
Did the content of the session provide enough information?					
Did the course materials provide adequate information?					
Will there be value of your learning from this session to the Council?					
How do you rate the overall quality of the session?					
Facilitator					
Do you feel the trainer was knowledgeable of the subject matter?					
How well did the trainer communicate during the session?					
How well did the trainer listen and answer questions during the session?					
Facilities					
Was the location/accessibility of the session appropriate?					
Were the facilities/venue appropriate for the session?					

Please give examples of how you will apply this gained knowledge to your role:

Could this session be improved? if so please provide suggestions:
Do you have any general comments to make about the session?
POST COURSE EVALUATION:
When complete please email or pass to <a href="mailto:democraticservices@westnorthnts.gov.uk">democraticservices@westnorthnts.gov.uk</a> . Please can the completed form be passed to Democratic Services within five days of the course attended
FOR OFFICE USE ONLY
Date Post Course Review received:
Date entered on to evaluation & attendance logs:
Details of any follow up actions:  Application Number:

Please return completed form: <u>democraticservices@westnorthants.gov.uk</u>