# Session: Leadership Development | Young Professionals & Voices of Equality

**Date**: January 24th and 31st, 2016

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Poor /  Not at All |  |  |  | Excellent / Definitely |
| 1. How would you rank the overall effectiveness of the session? | 1 | 2 | 3 | 4 | 5 |
| 2. To what extent did the session meet your own objectives? | 1 | 2 | 3 | 4 | 5 |
| 3. How relevant was the content of this training to your job? | 1 | 2 | 3 | 4 | 5 |
| 4. How easy was the registration process? | 1 | 2 | 3 | 4 | 5 |
| 5. How likely are you to recommend this session? | 1 | 2 | 3 | 4 | 5 |

1. On a scale of 0 (Not at All) to 5 (High), please evaluate the following Knowledge and/or Skill Level   
   **prior** to and **after** the session:

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Deeper insight into purpose and responsibilities of your role | | | | | | | | | | | |
| Knowledge / Skill Level **Prior to Session** | | | | | | Knowledge / Skill Level **After Session** | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Increased awareness of the impact of your role | | | | | | | | | | | |
| Knowledge / Skill Level **Prior to Session** | | | | | | Knowledge / Skill Level **After Session** | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Understand how to effectively perform your role | | | | | | | | | | | |
| Knowledge / Skill Level **Prior to Session** | | | | | | Knowledge / Skill Level **After Session** | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Feel comfortable explaining purpose and responsibilities of your role to other Zontians | | | | | | | | | | | |
| Knowledge / Skill Level **Prior to Session** | | | | | | Knowledge / Skill Level **After Session** | | | | | |
| 0 | 1 | 2 | 3 | 4 | 5 | 0 | 1 | 2 | 3 | 4 | 5 |

1. On a scale of 1 (Needs Improvement) to 3 (Outstanding), please evaluate today’s training team:

|  |  |  |  |
| --- | --- | --- | --- |
| **SPEAKER:** | **Needs Improvement** | **Satisfactory** | **Outstanding** |
| Clear and concise content | 1 | 2 | 3 |
| Facilitated learning | 1 | 2 | 3 |
| Responsiveness to questions | 1 | 2 | 3 |
| Encouraged participation | 1 | 2 | 3 |

|  |  |  |  |
| --- | --- | --- | --- |
| **SPEAKER:** | **Needs Improvement** | **Satisfactory** | **Outstanding** |
| Clear and concise content | 1 | 2 | 3 |
| Facilitated learning | 1 | 2 | 3 |
| Responsiveness to questions | 1 | 2 | 3 |
| Encouraged participation | 1 | 2 | 3 |

|  |  |
| --- | --- |
| Please list those aspects of this session that youfound **MOST useful** *(include concepts, information, discussions, etc.)* | Please list those aspects of this session that you found **LEAST useful** *(include concepts, information, discussions, etc.)* |
|  |  |

1. What could make this training experience better?

|  |
| --- |
|  |

1. If this training were taught online, what would need to be included to make it engaging and useful?

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