



**EVALUATION FORM - SESSION 1**  
**GENERAL OVERVIEW, CITY COUNCIL AND ADMINISTRATIVE SERVICES**

*Please rate each of the following statements with regard to the session material and presentation by circling the appropriate number. 1= Poor 5= Excellent (Please circle only one number)*

This session provided a good understanding of the overall operations of the City..... 1 2 3 4 5

The instructor was an effective speaker..... 1 2 3 4 5

The instructor was knowledgeable about the topic..... 1 2 3 4 5

The instructor kept my interest throughout the session..... 1 2 3 4 5

The contents of this session met my expectations ..... 1 2 3 4 5

The best aspects of this session were: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This session could be improved by: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Overall how would you rate this session: ..... 1 2 3 4 5

(Optional) Name: \_\_\_\_\_