Back to the Office Professional Development Evaluation Form

Government of the Cook Islands

Effective: April 2024

This form is to be completed by representatives/officials attending a training/conference/workshop in an official capacity as a representative of the Cook Islands Government at a national, regional or international level. This evaluation is intended to help assess the usefulness of the training/conference/workshop attended.
You must complete this form within 5 working days and return it to your Direct Report.
Any professional development must be linked to **Table 2 Professional Development Plan** in the Performance Appraisal Form.
The form should inform the reader/s of the training/conference/workshop objectives and outcomes, including specific benefits to the country/government/agency/attendee, and future actions required.

1. Representative details

Name (s)	
Agency	
Position/Job held	
Sponsor (CIGOV/Donor)	

2. Meeting/Conference/Workshop details

Title	
Venue	
Dates	
Organising institution/s	
Attendees (e.g. Organisations)	
Theme/Key Topic	
Key Objectives	
General Comments	
Recommendations	
Benefits to the Cook Islands	
Future Actions Required	

3. Evaluation

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The training/conference/workshop met my expectations.	❍	❍	❍	❍	❍
2. The training/conference objectives for each topic were identified and followed	❍	❍	❍	❍	❍
3. The content was organized and easy to follow	❍	❍	❍	❍	❍
4. The materials distributed were pertinent and useful.	❍	❍	❍	❍	❍
5. The trainer was knowledgeable.	❍	❍	❍	❍	❍
6. The quality of instruction was good.	❍	❍	❍	❍	❍
7. The Workshop/Conference met the training objectives.	❍	❍	❍	❍	❍
8. Class participation and interaction were encouraged	❍	❍	❍	❍	❍
9. Adequate time was provided for questions and discussion	❍	❍	❍	❍	❍
10. The course was valuable and will help me perform better in my job.	❍	❍	❍	❍	❍
11. I will be able to apply the knowledge learned.	❍	❍	❍	❍	❍
12. We should continue this programme (if applicable)	❍	❍	❍	❍	❍
13. Overall how would you rate this programme.	Excellent	Very Good	Good	Adequate	Inadequate
14. What type of programmes would you like to see offered to employees in similar position to yours.					

Date and Signature	