



Leadership Training Evaluation Form
(to be completed by all Leaders, JCs, Junior Leaders, Staff)

The International Leadership Training and Development Committee (ILTC) would like your feedback about the training you received prior to your CISV experience. Please take some time to complete this evaluation form and return it to the address below within 2 weeks from the end of your programme. Your director or Local Interchange Co-ordinator may decide to collect the forms from you and mail them to the International Office for you.

Please be honest with your feedback. The information that you provide will be used to address general trends regarding training in your National Association (NA). Your name will not be shared with your NA.

Thank you for your feedback. Your input will help us assess and improve the effectiveness of CISV leadership training.

Your Name: _____ e-mail: _____

National Association: _____ Local Chapter (if applicable): _____

Programme Attended: _____ Reference Number: _____

1. Did you receive leadership training prior to attending your CISV programme? Yes No
(proceed to #3) (proceed to #2)

2. If no, was there a reason why you didn't receive training?
 I was selected late
 I was unable to attend training sessions that were arranged
 Other: _____

3. If yes, how many days/hours was the training you received?

4. Overall, do you feel that the training you received adequately prepared you for your CISV experience?
 Yes No
(proceed to #6) (proceed to #5)

5. If no, please explain why. (use the back of the page if necessary)

6. Which of the following topics were covered in your training? (check all that apply)

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|---|--|---|
| <input type="checkbox"/> Roles and Responsibilities | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Team Building / Group Dynamics |
| <input type="checkbox"/> Leadership / Facilitation | <input type="checkbox"/> Decision Making | <input type="checkbox"/> How to plan an activity |
| <input type="checkbox"/> Educational Content | <input type="checkbox"/> Handling Conflicts | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Working with Parents | <input type="checkbox"/> Communication | _____ |
| <input type="checkbox"/> Cultural Sensitivity | <input type="checkbox"/> Information Specific to your CISV Programme | _____ |
| <input type="checkbox"/> Risk Management | | |

7. Based on your experience, was there anything that you feel you should have received training in but didn't? Yes No

8. Based on your experience, how would you improve the training/preparation you received? Are there any areas you feel that should have been covered in your training? Please specify.

9. Have you previously been in this same leadership position at a similar CISV programme (i.e. have you been a Village Leader before and are a Village Leader now)? Yes No