



The Rotary Leadership Institute Regional Vice Chair's Evaluation Form Summary

The following summary **MUST BE COMPLETED** as soon as possible and will be used to help improve the sites, course content, facilitator presentation and the overall effectiveness of the Rotary Leadership Institute

Date of Sessions _____ **Location** _____

RVC in Charge _____

Number of Participants _____ **Number of Faculty** _____ **Number of Evaluations** _____

Based on your personal experience and any feedback, please rate the **Location and Facilities** as follows:

- 1=Excellent (All aspects were outstanding and professionally handled)
- 2=Met Expectations (Most aspects were adequate with few challenges)
- 3=Needs Improvement (Not all aspects up to expectations, comments received)
- 4=Should be Changed (Serious flaws detected- corrective actions needed)

The site location and access is	1	2	3	4
The contracting process and the cooperation of management was	1	2	3	4
The meals (breakfast, coffee breaks and lunch) were	1	2	3	4
The classroom set-up and comfort for the students were	1	2	3	4
The registration process, packets, name badges and walk-ins were	1	2	3	4

Based on a review of the Evaluation Forms, please enter the total summary numbers of the evaluation ratings for the sessions (**Course and Content**)

Part 1	1	2	3	4		1	2	3	4	
Session 1	___	___	___	___		Session 4	___	___	___	___
Session 2	___	___	___	___		Session 5	___	___	___	___
Session 3	___	___	___	___		Session 6	___	___	___	___
Part 2	1	2	3	4		1	2	3	4	
Session 1	___	___	___	___		Session 4	___	___	___	___
Session 2	___	___	___	___		Session 5	___	___	___	___
Session 3	___	___	___	___		Session 6	___	___	___	___
Part 3	1	2	3	4		1	2	3	4	
Session 1	___	___	___	___		Session 4	___	___	___	___
Session 2	___	___	___	___		Session 5	___	___	___	___
Session 3	___	___	___	___		Session 6	___	___	___	___

Based on a review of the Evaluation Forms please enter the total summary number of the evaluation Letters for the **Facilitator Ratings**

Part 1	A	B	C	D		A	B	C	D
Session 1	___	___	___	___	Session 4	___	___	___	___
Session 2	___	___	___	___	Session 5	___	___	___	___
Session 3	___	___	___	___	Session 6	___	___	___	___
Part 2	A	B	C	D		A	B	C	D
Session 1	___	___	___	___	Session 4	___	___	___	___
Session 2	___	___	___	___	Session 5	___	___	___	___
Session 3	___	___	___	___	Session 6	___	___	___	___
Part 3	A	B	C	D		A	B	C	D
Session 1	___	___	___	___	Session 4	___	___	___	___
Session 2	___	___	___	___	Session 5	___	___	___	___
Session 3	___	___	___	___	Session 6	___	___	___	___

Please comment on any issues related to the facilitators, their training or presentations.

Please comment on any issues related to Part 1, 2 or 3 Course Content or Materials.

Please comment on any issues related to the Location or Facilities.

Please comment on the overall success of the day or any other suggestions to make RLI better.

Please complete the Summary Form and return ALL evaluation forms as quickly as possible to the Zone Evaluations Chair
 Thank you for your honest responses and prompt attention.