

# LMI PROCESS EVALUATION SURVEY

*We appreciate your participation in this LMI process. As part of our continuous improvement to provide results to participants, we would appreciate your feedback. Please give this survey to the facilitator when you have completed it.*

Program: Please circle the program which you participated in.

EC   EMD   EMM   EPL   EPP   ESM   ESS   ETD   ESD   EOL

Facilitator: \_\_\_\_\_ Date: \_\_\_\_\_

What did you like best about the process? \_\_\_\_\_

What did you like least about the process? \_\_\_\_\_

Please circle the corresponding number to rate the following categories as to the degree they met your needs.

10	9	8	7	6	5	4	3	2	1
Excellent			Satisfied				Needs Improvement		

**Development Process**

Workshop / Conference Sessions (overall rating)	10	9	8	7	6	5	4	3	2	1
Application of information (exercises, application action, etc.)	10	9	8	7	6	5	4	3	2	1
Effectiveness of the My-Tyme Planning System	10	9	8	7	6	5	4	3	2	1
Spaced repetition (5-6 presentations of information)	10	9	8	7	6	5	4	3	2	1
Goal setting (7 day business and personal goals)	10	9	8	7	6	5	4	3	2	1
Effectiveness of the assessment tool (if applicable)	10	9	8	7	6	5	4	3	2	1
Content of program	10	9	8	7	6	5	4	3	2	1
Sound and voice quality of recordings	10	9	8	7	6	5	4	3	2	1

**Facilitator**

Preparation	10	9	8	7	6	5	4	3	2	1
Communication skills	10	9	8	7	6	5	4	3	2	1
Ability to facilitate group communication and group involvement	10	9	8	7	6	5	4	3	2	1
Coaching skills (clearing up confusion, helping with challenges)	10	9	8	7	6	5	4	3	2	1
Timeliness and responsiveness of follow-through	10	9	8	7	6	5	4	3	2	1

Would you recommend this process to other individuals based upon your experience? \_\_\_\_\_

How does this LMI process compare to other training and development programs you have participated in? \_\_\_\_\_

What would you suggest be done differently to help you achieve greater results? \_\_\_\_\_