

ADMINISTRATOR'S EVALUATION FORM
EMPLOYEE ETHICS TRAINING PROGRAM

Name of Administrator: _____ Tel. #: _____

Department: _____ # of Full-time Employees: _____

Please identify the difficulties experienced by you as a department administrator with regard to the following (if none, state "none"):

1. Training for administrators (e.g. program demonstration inadequate, additional training sessions needed, subject matter covered incomplete, written materials need improvement, etc....):

2. Developing the department's plan (e.g. getting employees access to a PC, establishing the training schedule, staffing issues, overcoming integrity issues, addressing special needs, acquiring needed assistance, etc....):

3. Implementing the plan (e.g. providing proper notice of training to employees, verification of employees accessing the program, reserving training facilities, disseminating information, training employees on use of the PC, etc....):

4. Using the online program as:

- (a) The user/employee (e.g. logging in, help links, program malfunctions, technical difficulties, 4-DATA assistance, browser problems, printing certificate of completion, etc....);

- (b) The administrator (e.g. scheduling users, monitoring compliance, generating reports, etc....):

We welcome your recommendations on how to improve the program.

Send this notice to the City of Chicago Board of Ethics, 740 N. Sedgwick, Room 500, Chicago, IL 60610,
Attn: Ed Primer, Program Director, Fax: 312.744.2793