

Document for the evaluator

Aim of the Evaluation

Aim of this activity is to gather more information on the cases of urban qualification, collected by each partner for the Urbal project, presented in the questionnaire and in the conference of October 2005 in Padova.

The information coming from this activity will be compared with that of the questionnaires and the other information presented at the conference. The evaluation of the impact of urban planning, and the final report, will be built on the analysis of these three different groups of information.

The high quality of the carrying out of this activity is then essential for a correct development of the project. For this reason, we kindly ask you to read carefully the following instructions and to organise your visit in order to achieve the best possible result.

Thank you for your cooperation

Documents and materials necessary for the evaluation

Before your on-site visit, please read carefully the information of the following documents:

- questionnaire filled in by the hosting partner
- presentation of the cases (power point presentation) made by the hosting partner

During the evaluation visit, please remember to bring with you:

- tape recorder for the interview(s)
- paper and pen
- (digital) camera
- evaluation form

Activities to be carried out during the evaluation

During your evaluation, please arrange with the hosting partner the following activities:

1. visit of the site(s) reported by the partner in the presentation and in the questionnaire
2. interview with a local expert(s)
3. visit of an area that needs a renewal process

For each activity, the following outputs are required:

1. first visit: visit the sites in day-time and, if possible, in night-time and fill in the report (document 1 + pictures)
2. interview: fill in the questionnaire (document 2)
3. second visit: visit the sites in day-time and, if possible, in night-time and fill in the report (document 3 + pictures)

How to fill in the evaluation form

The form has three parts: two survey forms and one interview record form.

Survey forms - For each question, please cross the cell corresponding to your perception, sensation or direct experience of the place you are looking at, and explain/detail your choice. Keep in mind that the answers should be calculated on the basis of the context in which you are, and not on the basis of your experience. For example, the traffic load of the area must be calculated as heavy or light according to the average level of traffic of the city/surroundings you can perceive, and not according to the level of traffic of your own city.

Please be as objective as possible and **take pictures for evidence of your answers.**

Interview record form: please register the interview and transcript the main contents in the form

ACTIVITY REPORT DOCUMENT 1 - FIRST VISIT

Name of evaluator: _____
 Partner: _____
 Place: _____
 Date(s) of evaluation _____
 Hour(s) of evaluation _____

PART 1 - ENVIRONMENT/ARCHITECTURE

Please fill in the table according to your perceptions and explain your choice.
 Take pictures for evidence to your evaluation.

1. VISIBILITY poor good

What is the visibility in the area	1	2	3	4	5	6	7	8	9	10

2. QUALITY poor good

What is the quality of urban furniture in the area	1	2	3	4	5	6	7	8	9	10

3. CLEANNESS poor good

What is the level of cleanness in the area	1	2	3	4	5	6	7	8	9	10

4. LIGHTING poor good

What is the level of lighting in the area	1	2	3	4	5	6	7	8	9	10

5. ACCESSIBILITY easy difficult

How easy/difficult is the access to the area for cars	1	2	3	4	5	6	7	8	9	10
How easy/difficult is the access to the area for bikes	1	2	3	4	5	6	7	8	9	10
How easy/difficult is the access to the area for pedestrians	1	2	3	4	5	6	7	8	9	10

6. EMPTYNESS too empty too full

What is your feeling about the use of spaces in this area	1	2	3	4	5	6	7	8	9	10
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7. SIZE small large

What is your perception about the size of this area	1	2	3	4	5	6	7	8	9	10
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8. NOISE low high

What is the level of noise in the area	1	2	3	4	5	6	7	8	9	10
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9. GREEN low high

What is the level of green in the area	1	2	3	4	5	6	7	8	9	10
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PART 2 - UTILISATION

Please fill in the table according to your perceptions and explain your choice.
Take pictures for evidence to your evaluation.

10. VITALITY poor good

What is the level of participation/presence in the area	1	2	3	4	5	6	7	8	9	10
DAY TIME	1	2	3	4	5	6	7	8	9	10
NIGHT TIME	1	2	3	4	5	6	7	8	9	10

11. TYPE OF USERS bad good

What is the "quality" of the users of the area	1	2	3	4	5	6	7	8	9	10
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Please describe the types of different users:

12. FUNCTIONS

quiet

busy

What is the level and type of functions of the area	1	2	3	4	5	6	7	8	9	10
Please describe the type of functions:										

13. COMMERCIAL ACTIVITES

zero

many

What is the level and type of activities in the area	1	2	3	4	5	6	7	8	9	10
Please describe the type of activities:										

14. POINTS OF INTERESTS

zero

many

What is the level of point of interest/aggregation in the area	1	2	3	4	5	6	7	8	9	10
Please describe the point of interest:										

15. TRAFFIC/VIABILITY

light

heavy

What is the level of traffic across/aside the area for cars	1	2	3	4	5	6	7	8	9	10
What is the level of traffic across/aside the area for bikes	1	2	3	4	5	6	7	8	9	10
What is the level of traffic across/aside the area for pedestrians	1	2	3	4	5	6	7	8	9	10

16. CROSSING

across

aside

How cars cross the area (across, aside or both)	1	2	3	4	5	6	7	8	9	10
How bikes cross the area	1	2	3	4	5	6	7	8	9	10
How pedestrian cross the area	1	2	3	4	5	6	7	8	9	10
Please specify if the area is only pedestrian										

17. PARKING

poor

good

Is the area supported by parking service	1	2	3	4	5	6	7	8	9	10
Please specify if the area is only pedestrian										

18. PUBLIC TRANSPORT

poor

good

Is the area supported by public transport	1	2	3	4	5	6	7	8	9	10
Please specify if the area is only pedestrian and describe the transport system:										

19. SURROUNDINGS

Please describe the surroundings of the area										

PART 2 - SECURITY AND SAFETY

Please fill in the table according to your perceptions and explain your choice.
Take pictures for evidence to your evaluation.

20. SAFETY

unsafe

safe

What is your perception of the area	1	2	3	4	5	6	7	8	9	10
DAY TIME	1	2	3	4	5	6	7	8	9	10
NIGHT TIME	1	2	3	4	5	6	7	8	9	10

21. POLICE

absent

present

Is there police in the area	1	2	3	4	5	6	7	8	9	10
DAY TIME	1	2	3	4	5	6	7	8	9	10
NIGHT TIME	1	2	3	4	5	6	7	8	9	10

22. FORMAL SURVEILLANCE

absent

present

Is there formal surveillance in the area	1	2	3	4	5	6	7	8	9	10
Please describe the forms of formal surveillance (e.g. security measures, cctvs):										

23. INFORMAL SURVEILLANCE absent present

Is there informal surveillance in the area	1	2	3	4	5	6	7	8	9	10
Please describe the forms of informal surveillance (e.g. house windows, group of citizens, signals...):										

24. SURVEILLANCE FEASIBILITY easy difficult

What is your perception about the surveillance feasibility	1	2	3	4	5	6	7	8	9	10
Please describe if the surveillance appears easy or not (e.g. because of fences, trees, walls, hiding buildings or corners...):										

25. PHYSICAL PROTECTION absent present

Is there any form of physical protection in the area	1	2	3	4	5	6	7	8	9	10
Please describe the forms of protection (e.g. fences, gates...):										

26. OWNERSHIP/MANAGEMENT absent present

Is there any form of ownership/management of the area	1	2	3	4	5	6	7	8	9	10
Please describe the (visible) forms of ownership:										

27. PUBLIC AND PRIVATE unclear clear

How public and private spaces are defined	1	2	3	4	5	6	7	8	9	10

**ACTIVITY REPORT
DOCUMENT 2 - INTERVIEW**

Name of evaluator: _____

Place: _____

Date(s) of evaluation _____

Hour(s) of evaluation _____

Name of interviewed: _____

Role/function: _____

Please report here the content of the interview

28. Please recall briefly the urban renewal action (place, type of action, date of action)

29. Did you have a role in the urban renewal action?

30. According to your experience, please describe the short term and the long term effects of the urban renewal action

31. According to your experience, please describe the level of (un)satisfaction about the urban renewal action, for public authorities, citizens, shop keepers

32. According to your experience, please describe the consequences of the urban renewal action on surrounding areas

33. According to your experience, please describe the activities in the area involved of the urban renewal action, both ordinary (daily use) and non ordinary (e.g. markets, special events, fairies)

34. According to your knowledge, please describe if there are specific security management policies related to the urban renewed area, both involving police or not

**ACTIVITY REPORT
DOCUMENT 3 - SECOND VISIT**

Name of evaluator: _____

Place: _____

Date(s) of evaluation _____

Hour(s) of evaluation _____

PART 1 - ENVIRONMENT/ARCHITECTURE

Please fill in the table according to your perceptions and explain your choice.

Take pictures for evidence to your evaluation.

35. VISIBILITY poor good

What is the visibility in the area	1	2	3	4	5	6	7	8	9	10
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36. QUALITY poor good

What is the quality of urban furniture in the area	1	2	3	4	5	6	7	8	9	10
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37. CLEANNESS poor good

What is the level of cleanness in the area	1	2	3	4	5	6	7	8	9	10
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38. LIGHTING poor good

What is the level of lighting in the area	1	2	3	4	5	6	7	8	9	10
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39. ACCESSIBILITY easy difficult

How is the access to the area for cars	1	2	3	4	5	6	7	8	9	10
How is the access to the area for bikes	1	2	3	4	5	6	7	8	9	10
How is the access to the area for pedestrians	1	2	3	4	5	6	7	8	9	10

40. EMPTYNESS

too empty

too full

What is your feeling about the spaces in this area	1	2	3	4	5	6	7	8	9	10
--	---	---	---	---	---	---	---	---	---	----

41. SIZE

small

large

What is your perception about the size of this area	1	2	3	4	5	6	7	8	9	10
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42. NOISE

low

high

What is the level of noise in the area	1	2	3	4	5	6	7	8	9	10
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43. GREEN

low

high

What is the level of green in the area	1	2	3	4	5	6	7	8	9	10
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PART 2 - UTILISATION

Please fill in the table according to your perceptions and explain your choice.
Take pictures for evidence to your evaluation.

44. VITALITY

poor

good

What is the level of participation/presence in the area	1	2	3	4	5	6	7	8	9	10
DAY TIME	1	2	3	4	5	6	7	8	9	10
NIGHT TIME	1	2	3	4	5	6	7	8	9	10

45. TYPE OF USERS

bad

good

What is the "quality" of the users of the area	1	2	3	4	5	6	7	8	9	10
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Please describe the types of different users:

46. FUNCTIONS

quiet

busy

What is the level and type of functions of the area	1	2	3	4	5	6	7	8	9	10
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Please describe the type of functions:

47. COMMERCIAL ACTIVITES

zero

many

What is the level and type of activities in the area	1	2	3	4	5	6	7	8	9	10
--	---	---	---	---	---	---	---	---	---	----

Please describe the type of activities:

48. POINTS OF INTERESTS

zero

many

What is the level of point of interest/aggregation in the area	1	2	3	4	5	6	7	8	9	10
--	---	---	---	---	---	---	---	---	---	----

Please describe the point of interests

49. TRAFFIC/VIABILITY

light

heavy

What is the level of traffic across/aside the area for cars	1	2	3	4	5	6	7	8	9	10
What is the level of traffic across/aside the area for bikes	1	2	3	4	5	6	7	8	9	10
What is the level of traffic across/aside the area for pedestrians	1	2	3	4	5	6	7	8	9	10

50. CROSSING

across

aside

How cars cross the area	1	2	3	4	5	6	7	8	9	10
How bikes cross the area	1	2	3	4	5	6	7	8	9	10
How pedestrian cross the area	1	2	3	4	5	6	7	8	9	10

Please specify if the area is only pedestrian

51. PARKING

poor

good

Is the area supported by parking service	1	2	3	4	5	6	7	8	9	10
--	---	---	---	---	---	---	---	---	---	----

Please specify if the area is only pedestrian

52. PUBLIC TRANSPORT

poor

good

Is the area supported by public transport	1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	---	----

Please specify if the area is only pedestrian and describe the transport system:

53. SURROUNDINGS

Please describe the surroundings of the area

PART 2 - SECURITY AND SAFETY

Please fill in the table according to your perceptions and explain your choice.
Take pictures for evidence to your evaluation.

54. SAFETY

unsafe

safe

What is your perception of the area	1	2	3	4	5	6	7	8	9	10
DAY TIME	1	2	3	4	5	6	7	8	9	10
NIGHT TIME	1	2	3	4	5	6	7	8	9	10

55. POLICE

absent

present

Is there police in the area	1	2	3	4	5	6	7	8	9	10
DAY TIME	1	2	3	4	5	6	7	8	9	10
NIGHT TIME	1	2	3	4	5	6	7	8	9	10

56. FORMAL SURVEILLANCE

absent

present

Is there formal surveillance in the area	1	2	3	4	5	6	7	8	9	10
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Please describe the forms of formal surveillance (e.g. security measures, cctvs):

57. INFORMAL SURVEILLANCE absent present

Is there informal surveillance in the area	1	2	3	4	5	6	7	8	9	10
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Please describe the forms of informal surveillance (e.g. house windows, group of citizens, signals...):

58. SURVEILLANCE FEASIBILITY easy difficult

What is your perception about the surveillance feasibility	1	2	3	4	5	6	7	8	9	10
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Please describe if the surveillance appears easy or not (e.g. because of fences, trees, walls, hiding buildings or corners...):

59. PHYSICAL PROTECTION absent present

Is there any form of physical protection in the area	1	2	3	4	5	6	7	8	9	10
--	---	---	---	---	---	---	---	---	---	----

Please describe the forms of protection (e.g. fences, gates...):

60. OWNERSHIP/MANAGEMENT absent present

Is there any form of ownership/management of the area	1	2	3	4	5	6	7	8	9	10
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Please describe the forms of (visible) ownership:

61. PUBLIC AND PRIVATE unclear clear

How public and private spaces are defined	1	2	3	4	5	6	7	8	9	10
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62. SECURITY POLICIES absent present

Which policies for security are set up in the area	1	2	3	4	5	6	7	8	9	10
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Please describe the policies:
