

EVALUATION FORM

WE VALUE YOUR OPINION!

Please indicate your rating for each question by circling the appropriate number on the scale on the right-hand side.
(5 for the highest rating and 0 for the lowest rating)

UNIT TITLE:

SEMINAR START DATE:

NAME OF SPEAKER:

NAME OF PARTICIPANT (OPTIONAL):

	High					Low
1 Did the workshop meet your expectations?	5	4	3	2	1	0
<i>Comments:</i>						
.....						
2 Was the length of the workshop adequate?	5	4	3	2	1	0
<i>Comments:</i>						
.....						
3 Were you satisfied with the structure and flow of the workshop?	5	4	3	2	1	0
<i>Comments:</i>						
.....						
4 Do you feel that the level of the laboratory content was suited to the group?	5	4	3	2	1	0
<i>Comments:</i>						
.....						
5 How would you rate the balance between theory (models, tools) and practical exercises (case studies, group work)?	5	4	3	2	1	0
<i>Comments:</i>						
.....						

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!

**EVALUATION FORM
(CONTINUED)**

High Low

6 How confident are you that you will be able to apply what you have learned in your job? 5 4 3 2 1 0

Comments:

.....

7 How would you rate the course documentation and why? 5 4 3 2 1 0

Comments:

.....

8 How would you rate the methodological tools used with regards to their effectiveness (i.e. whether they helped you learn)? 5 4 3 2 1 0

Comments:

.....

9 How would you rate the methodological tools used with regards to innovation? 5 4 3 2 1 0

Comments:

.....

10 What is your overall evaluation of this workshop? 5 4 3 2 1 0

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE!