**Work Package:**

**Event/ETM:**

**Date:**

**Your name (not compulsory):**

**Your company/organisation (not compulsory):**

Answer each question with an evaluation from 1-5, where 1 is Poor and 5 is Very Good.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| What is your opinion of the general organization and facilities of the event? |  |  |  |  |  |
| To which extent did the event live up to your expectations? |  |  |  |  |  |
| What is your opinion of the presenters/facilitators? |  |  |  |  |  |
| What is your opinion of the material that was distributed before or during the event? |  |  |  |  |  |
| How do you evaluate the agenda of the event? |  |  |  |  |  |
| How do you evaluate the technical resources used? |  |  |  |  |  |
| How effective do you think was the methodologies used? |  |  |  |  |  |
| How useful was the event? |  |  |  |  |  |
| How valuable was the event for your professional growth? |  |  |  |  |  |
| How satisfied are you from the level of participation to the event proceedings? |  |  |  |  |  |
| Do you feel that the targets of the event have been fulfilled? |  |  |  |  |  |