**Work Package:**

**Event:**

**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 training session? |  |  |  |  |  |
| To which extent did the training/info session live up to your expectations? |  |  |  |  |  |
| What is your opinion of the Trainers? |  |  |  |  |  |
| How do you evaluate the relevance and clarity of the topics of the training session? |  |  |  |  |  |
| How do you evaluate the technical resources used? |  |  |  |  |  |
| How effective do you think was the methodology used? |  |  |  |  |  |
| How useful was the training material used? |  |  |  |  |  |
| How valuable was the training for your professional growth? |  |  |  |  |  |
| Would you recommend this session to somebody else? |  |  |  |  |  |

|  |
| --- |
| Which topics were not covered? |
| Which items were not relevant? |
| Are you interested in other themes or topics, other events or seminars? Which ones? |
| Through which channel were you informed about the event?* E-mail
* Magazine
* LinkedIn
* Facebook
* Other: ………….
 |

**For Consultation Sessions Only:**

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

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** |
| Please assess the facilitator of the consultation, regarding: |  |  |  |  |  |
| * Organization of the discussion
 |  |  |  |  |  |
| * Engagement of all members in conversation
 |  |  |  |  |  |