

Questionnaire

Please, fill out this questionnaire at the end of every event. You help us to hold the quality of our training programs and to improve. Thank you very much for your trouble.

Topic of the event:

Lecturer:

Date of the event:

		Please mark			
		I agree		I do not agree	
		1	2	3	4
1	The topic was explained sufficiently.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I could understand, what was asked of me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	The goals and contents of the task / the lecture fit in the goals of the whole training program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	The teachers instructed me in a way that enabled me to work on my own without asking much.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	The task / the lecture met my capacity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	The tasks/incentives enabled me to find my own solutions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	The professional contents and methods were presented in good medial quality.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	After the event I'm capable to fulfill tasks in accordance with the topic on a professional level.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Learning materials and samples were provided in a way, that participants could have access to them on their own.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	The time for learning and teaching was used intensively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	The teachers were available for questions and consulting.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	The atmosphere during the classes was positive and educational.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Mutual esteem of all participants characterized the educational atmosphere.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	I could speak freely, without being rejected by the teachers.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. What I learned well:

.....
.....
.....

2. What I had difficulties with to learn:

.....
.....
.....

3. This helped my learning outcome:

.....
.....
.....

4. This hindered my learning outcome:

.....
.....
.....

5. My wish for the future of this program:

.....
.....
.....