**Work Package: (to be filled by the organizer)**

**Seminar/Training Course Title: (to be filled by the organizer)**

**Date:**

**Your name (not compulsory):**

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

| *Please answer each question with a grade between 1-5, where 1 is Poor and 5 is Excellent.* | **1** | **2** | **3** | | **4** | **5** |
| --- | --- | --- | --- | --- | --- | --- |
| 1. What is your opinion of the general organization and facilities of the training session? |  |  |  | |  |  |
| 1. To which extent did the training course live up to your expectations? |  |  |  | |  |  |
| 1. How do you evaluate the technical resources used? |  |  |  | |  |  |
| 1. What is your opinion of the Trainers, regarding: |  |  |  | |  |  |
| 1. Knowledge of the subject matter. |  |  |  | |  |  |
| 1. Ability to explain and illustrate concepts. |  |  |  | |  |  |
| 1. Ability to answer questions completely. |  |  |  | |  |  |
| 1. Please rate the content and structure of the training: |  |  |  | |  |  |
| 1. The effectiveness of the methodology used. |  |  |  | |  |  |
| 1. The usefulness of the information received in training. |  |  |  | |  |  |
| 1. The structure of the training session(s). |  |  |  | |  |  |
| 1. The pace of the training session(s). |  |  |  | |  |  |
| 1. The convenience of the training schedule. |  |  |  | |  |  |
| 1. The usefulness of the training materials. |  |  |  | |  |  |
| 1. The relevance and clarity of the topics. |  |  |  | |  |  |
| 1. How valuable was the training for your personal/professional growth? |  |  |  | |  |  |
| 1. Was this training appropriate for your level of experience? | Yes | | | No | | |
| 1. Which topics were not covered or insufficiently covered, in your opinion? | | | | | | |
| 1. Which items were not relevant in your opinion? | | | | | | |
| 1. Comments/Suggestions: | | | | | | |