

EVALUATION OF THE LOCAL SESSION

For the participants of the local session only.

*Required

Activity Nr:*

Name and Surname:

Organisation*:

Please mark your satisfaction level with the following aspects of the local session.

1. The instructions for the preparation activities prior to this local session.

For the leader of the local session only

Lowest mark **1** **2** **3** **4** **5** Highest mark

2. The objectives of the local session were made clear to me.

Lowest mark **1** **2** **3** **4** **5** Highest mark

3. The presentation of the best practice by the participants of the previous mobility activity.

Lowest mark **1** **2** **3** **4** **5** Highest mark

4. The testing of the best practice.

Lowest mark **1** **2** **3** **4** **5** Highest mark

5. The evaluation of the best practice via SWOT analysis.

Lowest mark **1** **2** **3** **4** **5** Highest mark

6. The methodologies used for each activity were clear and well adapted.

Lowest mark **1** **2** **3** **4** **5** Highest mark

7. There was good communication and atmosphere with the other participants during the local session.

Lowest mark **1** **2** **3** **4** **5** Highest mark