# MEDZEBINARS - EVALUATION QUESTIONNAIRE

## Basic information

Name and Surname: ………………………………………………………………………………………………………………………………

Nationality: ………………………………………………………………………………………………………………………………………

Company (if any): ………………………………………………………………………………………………………………………………….

Position/profession: ……………………………………………………………………………………………………………………………….

City and country of residence: ……………………………………………………………………………………………………………….

E-mail: ………………………………………………………………………………………………………………………………………………….

## Essential Learning Outcomes

Please rate the most interesting contents from 1 (less interesting) to 10 (most interesting):

|  |  |  |  |
| --- | --- | --- | --- |
|  | HAPPEN programme |  | Catalogue of reference buildings classes in Mediterranean Countries |
|  | HAPPEN platform |  | Abacus of «Renovation Measures» at Building and District Scale |
|  | MedZEB Protocol |  | Package of Optimal Solutions |
|  | MedZEB VCS |  | Innovative Financial Solutions |
|  | Representative Climates and Zoning |  | Introduction to pilot buildings activities |

Which sections did you feel were lacking? In what way were they lacking?

|  |
| --- |
|  |

Was the course easy to follow?

[ ]  Yes

[ ]  No

## Background

How did you find out about this training course?

[ ]  Word of mouth

[ ]  Mailing

[ ]  Meeting with the training organisers

[ ]  Other, please state source ................................

Overall rating of the training course:

[ ]  Excellent [ ]  Good [ ]  Satisfactory [ ]  Unsatisfactory

Comments (optional): …………………………………………………………………………………………………………………………………

Your motivation for attending this training course: (please tick several answers if appropriate):

[ ]  Development of knowledge and skills

[ ]  Development of a specific project

[ ]  Building a network of contacts

[ ]  Improving your company’s performance

[ ]  Finding a new job

[ ]  Other, please specify: …………….………………………

How well were your objectives met?

[ ]  Completely [ ]  Well [ ]  Partly [ ]  Not very well [ ]  Not at all

## Training content

Relevance to your present job:

[ ]  Very relevant [ ]  Relevant [ ]  Of little relevance

Relevance to general career development:

[ ]  Very relevant [ ]  Relevant [ ]  Of little relevance

Thematic content covered:

[ ]  Too much [ ]  About right [ ]  Too little

Level of content:

[ ]  Too advanced [ ]  About right [ ]  Too elementary

Level of other participants:

[ ]  Too advanced [ ]  About right [ ]  Too elementary

Length of event:

[ ]  Too long [ ]  About right [ ]  Too short

## What is your assessment about the trainers/tutors?

Knowledge of the subject:

[ ]  Excellent [ ]  Good [ ]  Satisfactory [ ]  Unsatisfactory

Communication skills:

[ ]  Excellent [ ]  Good [ ]  Satisfactory [ ]  Unsatisfactory

Relationship with the group:

[ ]  Excellent [ ]  Good [ ]  Satisfactory [ ]  Unsatisfactory

Willingness to help and support participants:

[ ]  Excellent [ ]  Good [ ]  Satisfactory [ ]  Unsatisfactory

Comments (optional) ………………………………………………………………………………………………………………….

## What do you think about the way the training was delivered?

Overall course organisation:

[ ]  Excellent [ ]  Good [ ]  Satisfactory [ ]  Unsatisfactory

Availability of training organisers:

[ ]  Excellent [ ]  Good [ ]  Satisfactory [ ]  Unsatisfactory

Handouts and course documentation:

[ ]  Excellent [ ]  Good [ ]  Satisfactory [ ]  Unsatisfactory

Training room facilities:

[ ]  Excellent [ ]  Good [ ]  Satisfactory [ ]  Unsatisfactory

Comments (optional): ………………………………………………………………………………………………………………………………

## Which aspects of the training course do you think will be most useful to you personally?

Course content:

[ ]  Very useful [ ]  Useful [ ]  not very useful [ ]  completely useless

Contact with trainers:

[ ]  Very useful [ ]  Useful [ ]  not very useful [ ]  completely useless

Contacts with participants:

[ ]  Very useful [ ]  Useful [ ]  not very useful [ ]  completely useless

Follow-up consultancy:

[ ]  Very useful [ ]  Useful [ ]  not very useful [ ]  completely useless

Do you plan to attend other HAPPEN training activities in the future?

[ ]  Yes

[ ]  No

Would you recommend this training activity/workshop to others?

[ ]  Yes

[ ]  No

What are the strengths of this course? How could the course be improved?

|  |
| --- |
|  |

What impact, if any, did this course have on your chosen career trajectory?

|  |
| --- |
|  |

# CONFIDENTIALITY

We understand that you may have concerns about providing your personal information. We would like to assure you that your personal information is kept strictly confidential and is not used outside of the HAPPEN project under any condition. This information will be used only for survey quality control by the HAPPEN project for evaluation purposes.

Thank you for your cooperation!