

**“IMPROVING MUNICIPAL SERVICES IN THE FIELD OF CULTURE, ART,
SPORTS FOR PEOPLE WITH DISABILITIES”**

C6: EUROPEAN MUNICIPALITIES COOPERATION PORTAL

Evaluation form

Please fill the questionnaire for the evaluation of the C6 training

	Strongly Disagree	Agree	Neutral	Disagree	Strongly Agree
1. The training met my expectations.	☐	☐	☐	☐	☐
2. I will be able to apply the knowledge learned.	☐	☐	☐	☐	☐
3. The training objectives for each topic were identified and followed.	☐	☐	☐	☐	☐
4. The content was organized and easy to follow.	☐	☐	☐	☐	☐
5. The materials distributed were pertinent and useful.	☐	☐	☐	☐	☐
6. The trainers were knowledgeable and well prepared.	☐	☐	☐	☐	☐
7. The quality of instruction was good.	☐	☐	☐	☐	☐
8. The meeting room and facilities were adequate and comfortable.	☐	☐	☐	☐	☐
9. Class participation and interaction were encouraged.	☐	☐	☐	☐	☐

10. Adequate time was provided for questions and discussion.

☐ ☐ ☐ ☐ ☐

11. How do you rate the training overall?

Very Poor

Poor

Average

Good

Excellent

☐ ☐ ☐ ☐ ☐

10. What did you like the most about this training?

11. What aspects of the training could be improved?

12. How do you hope to change your practice as a result of this training?

13. Other comments?

THANK YOU VERY MUCH FOR YOUR COOPERATION