

# M6 HO-7 EVALUATION FORM



WEBIN  
Webinars for Handicapped Learners



TITLE ---

DATE & PLACE ---

Please evaluate the success of our training. Also, please write your opinions, comments and suggestions which we will incorporate into our future work.

1. Are the training objectives met in your opinion (round)?

- Yes
- Partly
- No

Your comment: \_\_\_\_\_

2. Please comment which topics of the training should be improved and how?

Your comment: \_\_\_\_\_

3. What did you like most and what least with the training?

\_\_\_\_\_

4. How happy you were with trainers, their expertise and approach?

Your comment: \_\_\_\_\_

5. Please write your comments, opinions and suggestions for future sessions.

\_\_\_\_\_

Thank you for filling in the questionnaire!



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