

Evaluation Questionnaire

for participants before the start of the “Learn & Blend” Piloting Session

Date:

1. Personal Information:

Age:

Gender: Male Female Other

Nationality:

Profession:

2. How long have you been living in <INSERT COUNTRY>?
.....
.....

3. Have you met some difficulties during your integration process, particularly in the interaction between you and members of the host society?

Yes, I have **No, I haven't**

4. If you previously answered “yes”, could you briefly describe what kind of difficulties have you faced?
.....
.....

Do you believe that cultural differences have caused any of these difficulties, and to what extent?
.....
.....

5. How well do you think you understand the culture of the host country?

Not at
all

I have a basic
understand of it

Well

Very
well

Completely

6. Have you perhaps noticed any similarities between your host country and your own country?

Explain:
.....
.....
.....



7. Are you interested to learn more about the culture of the host country? For what reasons?

8. What are your expectations from participating in the Learn & Blend course?

9. Please, feel free to make any additional comments

Thank you for your feedback!



B.

1. COOPERATION WITH THE GROUP:

Please select all that apply

| | I Agree | I Disagree |
|--|--------------------------|--------------------------|
| I had a fruitful interaction with the trainees | <input type="checkbox"/> | <input type="checkbox"/> |
| I felt comfortable within the group. | <input type="checkbox"/> | <input type="checkbox"/> |
| I was able to express my point of view openly | <input type="checkbox"/> | <input type="checkbox"/> |
| The participants were able to express themselves openly | <input type="checkbox"/> | <input type="checkbox"/> |
| The participants cooperated well with each other | <input type="checkbox"/> | <input type="checkbox"/> |
| I was able to contribute my knowledge and skills to the piloting sessions actively | <input type="checkbox"/> | <input type="checkbox"/> |
| The participants' contributions gave me ideas for my own work. | <input type="checkbox"/> | <input type="checkbox"/> |

2. COOPERATION WITH THE TRAINERS (multiple trainers):

Please select all that apply

| | I Agree | I Disagree |
|---|--------------------------|--------------------------|
| The cooperation with the other trainers was enriching and ran smoothly. | <input type="checkbox"/> | <input type="checkbox"/> |
| I was encouraged and sufficiently supported by the organizers of the piloting | <input type="checkbox"/> | <input type="checkbox"/> |

3. DIDACTIC-METHODOLOGICAL DESIGN:

Please select all that apply

| | I Agree | I Disagree |
|---|--------------------------|--------------------------|
| The learning objectives of the course were clear and appropriate for it | <input type="checkbox"/> | <input type="checkbox"/> |
| The structure of the piloting was well organized | <input type="checkbox"/> | <input type="checkbox"/> |
| The produced materials are accurate and complete. | <input type="checkbox"/> | <input type="checkbox"/> |

4. FRAMEWORK:

Please select all that apply

| | I Agree | I Disagree |
|---|--------------------------|--------------------------|
| The catering during the piloting sessions was sufficient | <input type="checkbox"/> | <input type="checkbox"/> |
| The preparation beforehand was sufficient | <input type="checkbox"/> | <input type="checkbox"/> |
| The organization during the training run smoothly | <input type="checkbox"/> | <input type="checkbox"/> |
| The duration of the training was appropriate | <input type="checkbox"/> | <input type="checkbox"/> |
| The length and frequency of the breaks were enough for me | <input type="checkbox"/> | <input type="checkbox"/> |

C.

Please answer the following questions:

What did you like the most about the “Learn & Blend” piloting sessions?

.....

Where there any challenges in delivering the ‘Learn & Blend’ piloting sessions?

Yes No

If you previously answered “yes”, please describe:

.....

Are you going to incorporate the ‘Learn & Blend’ approach in your future work?

Please elaborate:

.....

Do you have any recommendations for improving the “Learn & Blend” piloting sessions in the future?
Please elaborate:

Do you have any additional comments?

Thank you for your feedback!



Evaluation Form

After participation in the NEST 'Learn & Blend'
Course

Date:

Title and location of training: _____

Trainer: _____

Instructions: Please indicate your level of agreement with the statements listed below in #1-11.

| | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 1. The objectives of the 'Learn & Blend' course were clearly defined. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 2. Participation and interaction were encouraged. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 3. The topics covered were relevant and useful to me. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 4. The content was organized and easy to follow. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 5. The activities and the materials distributed were helpful. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 6. The knowledge I acquired during this course will be useful for my integration in the host society. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 7. The trainer was knowledgeable about the training topics. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 8. The trainer was well prepared. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 9. The learning objectives were met. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 10. The time allotted for the course was sufficient. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| 11. The meeting room and facilities were adequate and comfortable. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

1. Do you have a better understanding on the concept of “culture”, after participating in the “Learn & Blend” course?

Yes No

2. Has the ‘Learn & Blend’ course helped you to understand the culture of the host society better?

Yes No

If you previously answered “yes”, please provide some details:

3. Have you acquired new knowledge and skills through your participation in this course?

| | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|------------------------------------|
| Not at all | Just a bit | A fair amount | A good amount | A lot of knowledge and many skills |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. Do you think that your participation in the “Learn & Blend” course will facilitate your participation in the host society?

Yes No

If you previously answered “yes”, please provide some details:

5. After your participation in the course, have you noticed any similarities and/ or differences between the culture of your current country and your country of origin, which you hadn’t noticed before?

Yes No

If you previously answered “yes”, could you please elaborate further?

.....
.....
.....

6. Which topics/activities of the course did you find more important and why?

.....
.....

7. Which topics/activities of the course you didn't find important and why?

.....
.....

8. Are there any other topics or themes that you would like to have been included in the course, or to have been covered in a more in-depth manner?

.....
.....

9. Have your expectations from the 'Learn & Blend' course been met?

| No | Somewhat | Fairly | Yes, they have. | Yes, totally! |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

10. Do you have any further recommendations for the improvement of the course?

.....
.....

11. Do you have any additional comments?

.....
.....

Thank you for your feedback!