

SECTION 2: Quality evaluation form

Country of your residence:.....



In order to improve the delivery of this course in future we ask you to give your feedback on the various quality aspects of organising the course. Please mark one choice under each of the questions. Remember to answer all the questions.

10) Before the course, how much experience did you have of organising international youth exchanges within the Youth in Action Programme? Tick (✓) one box only:

No experience	
Began to organise one exchange before this course	
Run one exchange before	
Run two or more exchanges before	

11) Do you work directly with young people, who want to participate in an international exchange?

YES	NO
-----	----

12) Do you plan to run an international youth exchange with your organisation in the next year?

YES	NO
-----	----

13) Did you receive the information you needed about the training in good time before the course?

YES	NO
-----	----

14) Was the training course held in an environment where you felt comfortable to learn?

YES	NO
-----	----

15) Were you able to share your youth work experience during the training course?

YES	NO	DON'T HAVE
-----	----	------------

16) Did you learn from other participants during the training course?

YES	NO
-----	----

17) Were your personal learning needs addressed?

<input type="checkbox"/> All the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Seldom
---------------------------------------	---	---	---------------------------------

18) Were there appropriate resources available to use and take away?

YES	NO
-----	----

19) Did you actively participate in the training course?

<input type="checkbox"/> All the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Seldom
---------------------------------------	---	---	---------------------------------

20) Were the methods used appropriate to the topic?

<input type="checkbox"/> All the time	<input type="checkbox"/> Most of the time	<input type="checkbox"/> Some of the time	<input type="checkbox"/> Seldom
---------------------------------------	---	---	---------------------------------

21) Is it possible to apply what you have learned on this course back home in your reality?

YES	NO
-----	----

22) Did the training course meet the aims and objectives set by the course organisers?

YES	NO
-----	----

Use the other side of this paper to add any comments if you want to say more about your choices in this questionnaire.