

Evaluation Form for the Participants of the Mingling Experiences

WP4: MINGLING EXPERIENCES

Hosted by: [NAME OF PARTNER ORGANISATION and Country]

No of Mingling Experience:

Name:

Local ☐

Tick the correct box

TCN ☐

Date:

The objective of this evaluation form is to improve the effectiveness and efficiency of the MINGLING experiences and the accomplishment of the project's objectives. The results of the evaluation of the MINGLING experiences will be used to compose the internal evaluation report of the consortium.

This questionnaire has been designed by

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INSTITUTO EUROPEO DE ESTUDIOS PARA LA FORMACIÓN Y EL DESARROLLO



And

MMC Mediterranean
Management Centre

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Please answer the following questions by placing a **V**

					
	5	4	3	2	1
1. What is your general assessment of the Mingling Experience?					
2. How satisfied are you with this experience?	5	4	3	2	1
3. How would you rate the variety of activities implemented during the Mingling Experiences?	5	4	3	2	1
4. Do you think that this type of experience contributes to the integration of immigrants in the host society?	5	4	3	2	1
5. Do you think that this type of experience improves cross-cultural knowledge?	5	4	3	2	1
6. How would you rate the innovation of the Mingling Experience and the activities included?	5	4	3	2	1
7. Which activity did you find the most interesting?	5	4	3	2	1



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8. Which activity did you find the least interesting?	5	4	3	2	1
9. How would you rate the communication established during the development of the experience?	5	4	3	2	1
10. How would you rate the Mingling Experiences facilitator?	5	4	3	2	1
11. How would you rate the preparation of the activity? (Materials, schedule, venue etc.)?	5	4	3	2	1
12. To what degree would you recommend participating in a Mingling Experience?	5	4	3	2	1
13 Would you like to participate again in a Mingling Experience?	5	4	3	2	1

If you would like to add and/or change any questions on this questionnaire for the future evaluation of meetings please make your comments here

THANK YOU FOR YOUR COOPERATION

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