



EVALUATION QUESTIONNAIRE FOR A JOINT FEBS/EMBO LECTURE COURSE

We kindly ask you to cooperate by filling in this Questionnaire. Organizer(s) will collect it at the end of the event and return it to the FEBS Courses Committee. Thank you for your help. Responsible Organizers MUST send by registered mail all collected ORIGINAL Questionnaires to the FEBS Member-in-Charge for their course.

Title of FEBS/EMBO Course _____ FEBS/EMBO NUMBER: _____

Location _____ Duration (Dates) _____

Name of participant (optional)* _____ Sex: M / F

Nationality _____ Highest degree _____

Occupation:

Invited Speaker ☐ Senior Academic ☐ PhD ☐ Post-Doc ☐ Industry ☐ Other ☐

How many EMBO or FEBS Courses have you attended as student or speaker in the past NINE years?

Zero ☐ One - Two ☐ Three – Five ☐ More than Five ☐ Not applicable ☐

This FEBS/EMBO Course comprised (check all applicable circles):

Hands-On Work Lectures Discussion/Tutorial Groups Poster Sessions Poster Discussions

☐ ☐ ☐ ☐ ☐

1. Organisation of the program

excellent ☐ good ☐ adequate ☐ poor ☐ unsatisfactory ☐

Comments: _____

2. Quality of scientific training and interaction with speakers

excellent ☐ good ☐ adequate ☐ poor ☐ unsatisfactory ☐

Comments: _____

3. Quality of lectures & talks - was the subject adequately covered and state-of-the-art?:

excellent ☐ good ☐ adequate ☐ poor ☐ unsatisfactory ☐

Comments (name best or worse lectures): _____

4. Was there adequate discussion after presentations, or session or during practical work?

excellent ☐ good ☐ adequate ☐ poor ☐ unsatisfactory ☐

Comments: _____

5. Balance between training (tutorials & poster sessions) and scientific lectures:

excellent ☐ good ☐ adequate ☐ poor ☐ unsatisfactory ☐

Comments: _____

*Answers collected in this form are anonymous unless you enter your name.

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