

EVALUATION FORM

THE NAME OF YOUR PARTNER INSTITUTE:

Date & location of the partner meeting:

1. Were the objectives of the project meeting clear? **YES / NO**

If necessary, please explain:

2. Did we reach the goals? **YES / NO** -> If not, which not and why?

3. Have you had enough room to bring your contribution into the limelight? **YES / NO**

If necessary, please explain:

4. Was there enough space in the program was to informally consult and / or discuss additional matters?
YES / NO

If necessary, please explain:

5. What do you think of the organization and / or scheduling and duration of the project meetings?

- Organization: **Unsufficient / Sufficient / Good / Very good**

- Scheduling and duration: **Unsufficient / Sufficient / Good / Very good**

If necessary, please explain:

6. Is the coordination by the coordinator sufficient? **YES / NO**

If necessary, please explain:

7. Other remarks:

THANK YOU!