**COURSE DIRECTOR’S REPORT**

|  |  |
| --- | --- |
| Course Location: | |
| NF |  |
| City |  |
| Course Details: | |
| From |  |
| To |  |
| Discipline |  |
| Level |  |
| Function |  |
| Course Director: | |
| FEI ID |  |
| Name |  |
| Surname |  |
| Email |  |

***If necessary, please give comments on separate paper! Tick the appropriate boxes!***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Pre-Course Arrangements | | | | | |  |
|  | Not satisfied | Comments | Satisfied | Comments | Very satisfied | Comments |
| Travel arrangements |  |  |  |  |  |  |
| Pre-course correspondence |  |  |  |  |  |  |
| Payment of honorarium |  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Course Organization | | | |  |
|  | No issues | Some issues | Serious issues | |
| Practical | | | | |
| Facilities |  |  |  | |
| Involvement of local organisers |  |  |  | |
| Theory | | | | |
| Class room (size, availability) |  |  |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Participants as a Group | | | | | |
|  | Low | Average | High | Uniform | Not Uniform |
| Intellectual entry level of group |  |  |  |  |  |
| Experience level of group |  |  |  |  |  |
| Attendance and interest level of group |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Programme and Work Timetable | | |
|  | Yes | No, see comments |
| Was the syllabus followed |  |  |
| Was the timetable followed |  |  |
| Was the technical material satisfactory |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Communication | | | | | |  |
|  | Not satisfied | Comments | Satisfied | Comments | Very satisfied | Comments |
| Communication/interaction of course director with participants |  |  |  |  |  |  |
| Communication/interaction of course director with organisers |  |  |  |  |  |  |

Additional constructive comments and criticism

Positive

Negative

Have you any suggestions for improvement of future courses?

**EVALUATION OF PARTICIPANTS**

*Please complete the attached list of participants with personal appreciations as to those who, in your opinion, would be acceptable for promotion at the next revision.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FEI ID | Full Name | Country | Current Status | Requested  Status | Did successfully  pass the exam | | He/She able to handle the requested status? | | Comments |
|  |  |  |  |  | **Yes** | **No** |  |  |  |
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Date:

Signature: