



Student Feedback

Please rate your experience(s) during your studies on a scale of 5-1.

(5 = very satisfied, 1 = dissatisfied)

Mandatory fields are marked with the symbol.

Status: Anonymous

1. Topic interest *

1 2 3 4 5

2. Topicality of content *

1 2 3 4 5

3. Benefit for
your work *

1 2 3 4 5

Implementation of Studies

4. Teacher expertise *

1 2 3 4 5

5. The amount of guidance and support during training *

1 2 3 4 5

6. Learning/Study materials *

1 2 3 4 5

Learning Outcomes

7. I can put into practice what I have learned in training/*

1 2 3 4 5

8. My problem solving skills improved *

1 2 3 4 5

9. My interaction skills improved *

1 2 3 4 5

10. (I think/In my opinion) I achieved the learning outcomes of the training *

1 2 3 4 5



11. What was good about the studies?

12. What could still be improved?

Overall Rating

13. Would you recommend the studies to others? *

Yes

No

14. Overall grade for studies *

1 2 3 4 5

15. What kind of skills would you need to support your professional skills in the future?