

# QUESTIONNAIRE FOR LLW PARTICIPANTS

Please fill in the questionnaire to help us understand your needs and improve our work. Thank you!

**1 How did you receive the information about Lifelong Learning Week?**

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**2 Is this your first experience with LLW?**

- Yes
- No

**3 Please rate the event (check one)**

- Poor
- Satisfactory
- Very good
- Excellent

Comments:

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**4 Which topics would you recommend to organisers of the LLW for next year (please identify your needs)?**

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**5 Do you have any other remarks or proposals?**

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**6 Did the event encourage you to get involved in any form of learning?**

- Yes
- No

Please explain:

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**7 Personal data:**

7.1 Age

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7.2 Gender

- Male
- Female

7.3 Years of schooling

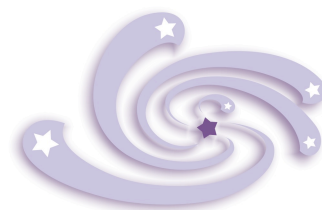
- 8 or less
- 9-12
- 13 or more

7.4 Where do you work

- Education
- Culture
- Trade
- Industry
- Politics
- Unemployed
- Others, please specify

7.5 Where do you live?

- In a city
- In a town
- In a village



## ENVELOPE FOR QUESTIONNAIRES

1) Provider of the event: \_\_\_\_\_

Address: \_\_\_\_\_

Phone/Fax/E-mail: \_\_\_\_\_

2) Title/description of the event:

\_\_\_\_\_

\_\_\_\_\_

3) The nature of the event:

- Informing and counselling on learning
- Presentations of educational programmes and projects
- Participative events (round tables, tests of foreign languages, workshops for improvement of different skills, creative workshops...),
- Accompanying activities (opening festivities, exhibitions of learning materials, dance, music...)

4) Date of the event \_\_\_\_\_

Approximate number of all participants \_\_\_\_\_

