



PILOT FEEDBACK TEMPLATE (TEACHER)

NAME:		
TYPE OF COURSE / MODULE: NUMBER OF CREDITS: LANGUAGE OF INSTRUCTION:		DATE:
Was the pilot implemented as planned re: goals and objectives of the course description? If you answered no, why not?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Were you generally satisfied with the implementation? If you answered yes, please specify what worked well?		<input type="checkbox"/> YES <input type="checkbox"/> NO
The planned assignments were appropriate for evaluating the learning outcomes. If you answered no, why not?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you satisfied with the quality and relevance of the content of the different courses / modules? If so, why? If not, why not?		<input type="checkbox"/> YES <input type="checkbox"/> NO
Teacher workload and output were appropriate considering the content and scope (ECTS) of the course / module. If you answered no, why not?		<input type="checkbox"/> YES <input type="checkbox"/> NO
What did the teaching staff learn from the present pilot?		
Suggested development ideas and recommendations for improving the present pilot:		