

# Erasmus Radiography Group

## 6 Overall evaluation organization



Dear Erasmus student,  
Please take time to fill in this questionnaire. Your opinion will help us to identify necessary improvements in the organization of future exchanges.  
Thank you for completing this form.  
**The ERASMUS Radiography group management team.**

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Name: -----

Home institution: -----

Host institution: -----

Year of exchange: -----

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**1 2 3 4 5**  
1. Very poor 2. Below average 3. Satisfactory 4. Good 5. Excellent

### 1. INFORMATION received in advance on:

1.1 host institution	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.2 living accommodation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.3 travel arrangements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.4 cost of living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
1.5 host country	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**Comments:**

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**1 2 3 4 5**  
1. Very poor 2. Below average 3. Satisfactory 4. Good 5. Excellent

### 2. TRAVEL from home to host country:

2.1 comfort	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.2 did you have any problems to find your accommodation?		Yes	<input type="radio"/>	No	<input type="radio"/>

**Comments:**

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## 7. ACTIVITIES:

Were there activities organized in which you could take part?

7.1 Social: Yes  No   
Did these activities meet your needs? Yes  No

7.2 Cultural:

Did these activities meet your needs? Yes  No

Comments:

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## 8. PROBLEMS.

8.1 Were you informed from the start where you could find help in case of problems? Yes  No

8.2 Were you informed from the start about arrangements in case of illness? Yes  No

Comments:

8.3 Did you experience any serious problems during the exchange? Yes  No

8.4 If yes, was the problem adequately solved Yes  No

If you like, please specify.

(In case this information is confidential and only for the eyes of your home institute, you are allowed to give this form to the host institute in a closed envelope).

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## 9. FUNDING.

9.1 Did you receive ERASMUS funding Yes  No

9.2 Did you receive additional funding from home or host institution? Yes  No

9.3 Which costs of the exchange could you cover with your funding?

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**10. Please use the last page of this form to give us your overall impression of this exchange and let us know what you think to have gained from this 'Erasmus experience'.**

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## **10. OVERALL IMPRESSION.**