

Self-assessment Questionnaire

1. Please rate this training in terms of **Trainer's Expertise, Clarity, Time Management, and Responsiveness** to your educational needs. Provide any additional feedback in the **Comments** section. Circle the appropriate numbers.

RATING SCALE: 1 = LOW 2=SUFFICIENT 3 = ENOUGH 4= GOOD 5 = HIGH

| Trainer(s) | Expertise | | | | | Clarity | | | | | Time Management | | | | | Responsiveness | | | | |
|------------|-----------|---|---|---|---|---------|---|---|---|---|-----------------|---|---|---|---|----------------|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Comments: | | | | | | | | | | | | | | | | | | | | |

2. Please review the following list of knowledge and skills statements. Give some thought to what you knew before this training and what you learned here today. Circle the number that best represents your knowledge and skills **before** then **after** this training.

RATING SCALE: 1 = LOW 2=SUFFICIENT 3 = ENOUGH 4= GOOD 5 = HIGH

| BEFORE TRAINING | SELF-ASSESSMENT OF KNOWLEDGE AND SKILLS RELATED TO: ADMINISTRATION AND HUMAN RESOURCES' MANAGEMENT IN SPORT | AFTER TRAINING |
|-----------------|---|----------------|
| 1 2 3 4 5 | Understanding of the referee role and responsibilities | 1 2 3 4 5 |
| 1 2 3 4 5 | Understanding of shared values | 1 2 3 4 5 |
| 1 2 3 4 5 | Knowledge and skills related to non formal methods for teaching | 1 2 3 4 5 |
| 1 2 3 4 5 | Knowledge and skills related to group dynamics management in sport | 1 2 3 4 5 |
| 1 2 3 4 5 | Skills related to cooperation and team building | 1 2 3 4 5 |
| 1 2 3 4 5 | Skills related to problem solving | 1 2 3 4 5 |

OVERALL EVALUATION OF THE TRAINING

3. Please take a moment to answer the following questions. Your comments are an **important contribution** as we design learning experiences to meet your professional needs.

What do you feel were the **strengths** of this training?

Comments:

What do you feel were the **weaknesses** of this training?

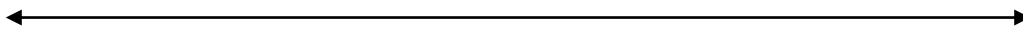
Comments:

What **additional** training do you think is required?

Comments:

4. Please rate the following statements using a 1 through 5 scale where:

1 = Strongly Disagree 2 = Disagree 3 = Indifferent 4 = Agree 5 = Strongly Agree



- ___ The **difficulty level** was about right.
- ___ I can **apply the information** in my practice setting.
- ___ The sessions met my professional **educational needs**.
- ___ The trainer **actively involved** me in the learning process.
- ___ As a result of this training, I feel **more confident** in my capacity to deliver such kind of programmes.