



GenderSAFE
ENDING GENDER-BASED VIOLENCE IN ACADEMIA

GenderSAFE Exit questionnaire

Evaluation template

Title of the questionnaire

GenderSAFE – Exit Questionnaire: [Title of the training]

Date: [Date of the training]

Trainer(s): [Name(s), pronouns and organisation(s), where relevant]

Your opinion is important to us. This questionnaire helps us evaluate the training and improve future GenderSAFE capacity-building activities. The questionnaire can be adapted to each training session. Trainers should update the title, date, trainer information and learning objectives before sharing it with participants. Additional questions may also be added if specific feedback is needed for a particular session.

Questions

1. Gender

Question type: Multiple choice

Required: Yes

Please indicate your gender.

- Woman
- Man
- Non-binary
- Other
- Prefer not to say

2. Expected learning

Question type: Multiple choice

Required: Yes

Did you learn what you expected to learn during the session?

- Absolutely / very much
- Quite
- Rather not

- Not at all

3. Satisfaction with the session

Question type: Multiple choice grid

Required: Yes

How satisfied are you with the following aspects of the session?

Aspect	Absolutely very much	/ Quite	Rather not	Not at all
Relevance for your work				
Relevance to your career				
Contents of the session				
The visual supports				
The resources and references provided				
The balance between theory and practice				
The participatory methods used during the session				

4. Duration of the training

Question type: Multiple choice

Required: Yes

How did you find the duration of the training?

- Too short
- Just right
- Slightly long
- Too long

5. Satisfaction with the trainer(s) / speaker(s)

Question type: Multiple choice

Required: Yes

How satisfied are you with the trainer(s) / speaker(s)?

- Absolutely / very much

- Quite
- Rather not
- Not at all

6. Achievement of learning objectives

Question type: Multiple choice grid

Required: Yes

To what extent has the training achieved its learning objectives?

Trainers should replace the examples below with the specific learning objectives of the session.

Learning objective	Absolutely / very much	Quite	Rather not	Not at all
[Learning objective 1]				
[Learning objective 2]				
[Learning objective 3]				
[Learning objective 4, if relevant]				
[Learning objective 5, if relevant]				

7. Overall satisfaction

Question type: Multiple choice

Required: Yes

Overall, how satisfied are you with the training?

- Absolutely / very much
- Quite
- Rather not
- Not at all

8. Most useful aspect of the training

Question type: Open question

Required: Optional

What was the most useful aspect of the training for you?

[Open text box]

9. Suggestions for improvement

Question type: Open question

Required: Optional

What could be improved in future sessions?

[Open text box]

10. Additional comments

Question type: Open question

Required: Optional

Please feel free to add any comments or other suggestions.

[Open text box]

Optional session-specific questions

The following questions may be added when more detailed feedback is needed for a specific training session.

A. Usefulness of materials

Question type: Multiple choice

Required: Optional

How useful were the materials shared during the training?

- Absolutely / very much
- Quite
- Rather not
- Not at all
- Not applicable

B. Confidence after the training

Question type: Multiple choice

Required: Optional

After the training, do you feel more confident to apply what you learned in your own context?

- Absolutely / very much
- Quite
- Rather not
- Not at all

C. Future use

Question type: Open question

Required: Optional

How do you plan to use the knowledge, tools or resources from this training?

[Open text box]

D. Follow-up needs

Question type: Open question

Required: Optional

Would you need any follow-up support, resources or additional training on this topic?

[Open text box]

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