

SEM ACADEMY PILOT COURSE

Feedback form

With this form you tell us what worked well in the course and what remained unclear. We read every response and improve course, app, book, and course pack before the next cohort. It takes about ten minutes to complete.

On a computer: open the PDF in a PDF program or in the browser, fill in the fields, save the file, and email it to info@ikarsolutions.com with the subject "Feedback SEM" and your level. **On paper:** print it, fill it in, and hand it to your instructor. For the scales, please tick one box per row. Leave blank anything you cannot assess.

1 Details

LEVEL ☐ Foundation ☐ Practitioner ☐ CEE

COURSE DATE

Date or period, location

NAME

Optional, may stay blank

2 The course days

One row per course day, please tick one box per scale. Days you did not attend stay blank.

Course day	Clarity 1 hard to follow, 5 easy to follow	Pace	Practical relevance 1 hardly related to your work, 5 strongly related
Course day 1	1 2 3 4 5 ☐ ☐ ☐ ☐ ☐	☐ too slow ☐ about right ☐ too fast	1 2 3 4 5 ☐ ☐ ☐ ☐ ☐
	What was unclear?		
Course day 2 Practitioner, CEE	1 2 3 4 5 ☐ ☐ ☐ ☐ ☐	☐ too slow ☐ about right ☐ too fast	1 2 3 4 5 ☐ ☐ ☐ ☐ ☐
	What was unclear?		
Final day CEE: board video call	1 2 3 4 5 ☐ ☐ ☐ ☐ ☐	☐ too slow ☐ about right ☐ too fast	1 2 3 4 5 ☐ ☐ ☐ ☐ ☐
	What was unclear?		

3 Components of the course

How much did this component help you learn? 1 little, 5 a lot. Please tick one box per row.

Building block	Rating	Comment
Slides and presentation	1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐ not used	
Exercises and cases Practice rounds, group work	1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐ not used	
SEM Whiteboard On the projector and in the app	1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐ not used	
App Articles, questions, Challenges, course plan	1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐ not used	
Book "SEM: Thinking Under Pressure"	1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐ not used	
Course pack and templates	1 2 3 4 5 ☐ ☐ ☐ ☐ ☐ ☐ not used	

4 Your comments

Which term is still unclear to you?

Please include where you got stuck.

Which situation from your daily work would you suggest as an exercise?

Brief description: symptom, setting, what was decided at the time. Please leave out company and personal names.

5 Overall assessment

Would you recommend the course to a colleague?

0 to 10, please tick one box.

definitely not 0 1 2 3 4 5 6 7 8 9 10 definitely
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

What should we change first?

Anything else you would like to tell us?

☐ I agree to my answers being evaluated anonymously to improve the course.

THANK YOU

Please save the completed form and send it to info@ikarsolutions.com, or hand the printout to your instructor. Your name, if you enter it, stays with IKAR Solutions and is not included in the evaluation.



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