

Assessment form

Final control

- a. Who decided the task to be done?
- | | | |
|--|--------------------------|--------------------------|
| | We
ourselves | Somebody
else |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Total:

- b. If somebody else, why did you do it?

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Inclusion

- a. Was anybody off side during the meeting?
- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

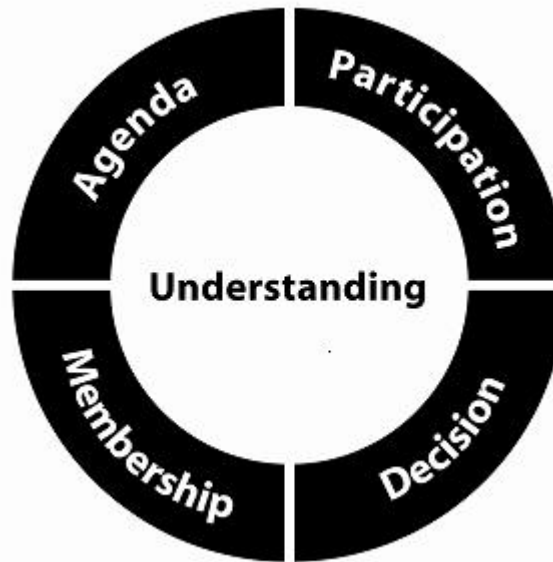
Total:

- b. If yes, what do you think the reason was?

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Effective participation

- a. Did everyone have an equal opportunity to speak his or her mind?
- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Total:

- b. If not, why?

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Equal vote

- a. Did everyone have an equal influence over the decisions?
- | | | |
|--|--------------------------|--------------------------|
| | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |

Total:

- b. If yes, how can you know this?

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