

***End of Immersion Questionnaire***

**Circle the category to which you belong:**

Woman Man Child

Family Name…………………………………………………………………
First Name……………………………………………………………………

@.......................................................................................................................

Place of Residence: ………………………………………………………………………………..;..

Circle the appropriate answers

1. What immersive experience did you participate in ? (please specify experience)

Workshop Half -Day Immersion Whole Day Immersion

Other

1. Did you appreciate the activities offered during the immersion?

YES NO I DON’T KNOW

1. If your answer is Yes/No, say why ? (Please specify the activities)

…………………………………………………………………………………………….

…………………………………………………………………………………………….

1. How would you rate the immersive experience, the lowest mark being 0.

0 1 2 3 4 5

1. Please specify benefits/downsides with regard to your experience

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1. What other Immersive Experience would you consider ?

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**Thank you for answering our satisfaction questionnaire. Your answers are a valuable addition to our improvement process.**