

1. Evaluation tool **SINAPSI**

# ENTRY FORM

TO BE COMPLETED BY THE TRAINER

INSTALL Project									
Group number	1	2	3	4					
Date								Place	
Trainer:									
Notes:									

TO BE COMPLETED BY THE STUDENT\*

*Interviewees are informed that all the data contained in this questionnaire will come into the possession of the INSTALL Consortium, will be stored in a database, and will be used anonymously only for the purposes of filing, analyzing, studying, and scientific publishing. Any student who decides to participate in this research authorizes the trainers to contact him/her by e-mail during the subsequent project phases.*

*(PLEASE, INSERT THE RELEVANT LEGAL REFERENCES IN FORCE IN YOUR COUNTRY)*

I authorize the processing of data

Signature

\_\_\_\_\_

I am available to be contacted in 6 months to evaluate the influence of the training course on my academic performance

Signature

\_\_\_\_\_

*\*Please complete **any** questions of the following questionnaire, if you have no answer please write NA (no Answer).*

1) Name: _____	2) Surname: _____
3) Matriculation number/ID number: _____	
4) Date of birth: ____/____/____	5) Gender: M <input type="checkbox"/> F <input type="checkbox"/>
6) E-mail address: _____@_____	
7) Marital status: _____	8) Citizenship: _____

9) Place of family's residence: _____	
10) At the moment where are you living? <input type="checkbox"/> By yourself or with your friends <input type="checkbox"/> With your parents <input type="checkbox"/> In a dorm/universitary residence	11) How many inhabitants does your home-town have? <input type="checkbox"/> More than 200.000 <input type="checkbox"/> From 200.000 to 50.000 <input type="checkbox"/> Under 50.000 to 20.000 <input type="checkbox"/> Under 20.000 to 5.000
12) Do you usually travel from a distance of at least 60 km to reach your University? YES <input type="checkbox"/> NO <input type="checkbox"/>	
13) Marks of the Secondary School Diploma: _____	
14) Secondary school <input type="checkbox"/> (specify) _____	15) Vocational school <input type="checkbox"/> (specify) _____
16) Other qualifications: _____	
17) Permanent employment of the student: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> NOT EMPLOYED	18) Temporary employment of the student <input type="checkbox"/> SEASONAL <input type="checkbox"/> WEEKLY (specify the number of hours) _____ <input type="checkbox"/> NOT EMPLOYED
19) Kind of job: _____	
20) Student supporting children: <input type="checkbox"/> No <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	21) Student supporting parents: <input type="checkbox"/> NO <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> BOTH

22) Do you consider yourself to be part of a minority ethnic – immigrant group?

YES  NO

23) If you have answered YES, please explain to which minority you are referring? \_\_\_\_\_

24) Disabled student:

YES  NO

25) Interests, hobbies, sports: \_\_\_\_\_

26) Are you the first generation student in your family?

YES  NO

27) Parents' education:

a) MOTHER: \_\_\_\_\_

b) FATHER: \_\_\_\_\_

28) Do you have the economical conditions to ask for an authority grant/social support?

YES  NO

29) Do you have the achievement conditions to ask for an authority grant/social support?

YES  NO

30) Faculty you are enrolled at: _____	
31) Degree Course: _____	32) Year of Course: _____
33) Have you never gave given up or changed your Degree Course? <input type="checkbox"/> YES <input type="checkbox"/> NO	
34) Number of exams passed: _____	35) Number of exams you have taken unsuccessfully: _____
36) Lowest mark obtained in an exam: _____	37) Highest mark obtained in an exam: _____
38) Average exam mark: _____	39) Percentages of Credits obtained (at the start University inclusion up to date) _____%
40) If you have encountered difficulties at University please specify the nature of the problem(s): _____ _____	
41) If you have encountered difficulties in passing a specific exam please specify them: _____ _____	
42) At the beginning of your University course, was an entry/guidance test administered to you? YES <input type="checkbox"/> NO <input type="checkbox"/>	
43) If you have answered YES, please specify the assessment or mark you obtained (compared to the maximum possible mark): Mark: ____/____ Assessment: _____/_____	

<b>44) University services you have benefitted from:</b>	
Guidance services YES <input type="checkbox"/> NO <input type="checkbox"/>	Tutoring YES <input type="checkbox"/> NO <input type="checkbox"/>
Scholarship YES <input type="checkbox"/> NO <input type="checkbox"/>	Services for disabled students YES <input type="checkbox"/> NO <input type="checkbox"/>
Accommodation facilities YES <input type="checkbox"/> NO <input type="checkbox"/>	Meal facilities YES <input type="checkbox"/> NO <input type="checkbox"/>
Other facilities <input type="checkbox"/> (specify) _____ _____	

45) Mark the level of agreement you feel toward the following sentence:

	1	2	3	4	5
I consider my academic performance inadequate/poor					
I think I would benefit from a training in Learning to Learn key competence					
I think that my University career would benefit from a training in Learning to Learn competence					
I would like to take part in the group training process					
I really want to be selected for the INSTALL seminar					

1. Strongly disagree
2. Disagree
3. Neither agree nor disagree
4. Agree
5. Strongly agree