

Facilitator Feedback

Please complete as accurately as possible and independently from other facilitators.

Session No. _____ Today's Date: _____

A.

Please indicate the degree to which today's session was delivered as described in the manual.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____
Completely Quite 50/50 Almost as Exactly as
different different described described

B.

Please indicate the degree to which the scripts were presented as stated in the manual.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____
Completely Quite 50/50 Almost as Exactly as
different different described described

C.

How long was today's session? _____ minutes

D.

Based on your observations, please rate the groups' level of engagement.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____
Very poor Poor Average Good Very
Good

E.

Based on your observations, please rate the groups' level of understanding for the concepts explored this week.

1 _____ 2 _____ 3 _____ 4 _____ 5 _____
Very poor Poor Average Good Very
Good