



Think about Thinking™

Facilitator Evaluation

Name of Facilitator _____

Date & Time of Session _____

Collective Name? _____ or OPEN?

Mark the number in the answer range for each question.

1. Were the instructions of the Facilitator clear?

1	2	3	4	5
Not at all!				Very much so!

2. Did you feel that the Facilitator was friendly and welcoming to all?

1	2	3	4	5
Not at all!				Very much so!

3. Did the Facilitator stop the video on time for the exercises to be completed?

1	2	3	4	5
Not at all!				Very much so!

4. Did the Facilitator conduct the session in a professional manner?

1	2	3	4	5
Not at all!				Very much so!

5. Was the Facilitator on time with the Session?

1	2	3	4	5
Not at all!				Very much so!

