

## **Facilitator Evaluation**

Name of	Facilitator						
Date & Ti	me of Sessio	n					
Collective Name?							
Mark the nu	mber in the ansv	ver range for eac	h question.				
1. We	re the instru	ctions of the	Facilitator cle	ear?			
Ν	1 lot at all!	2	3	4	5 Very much so!		
2. Did	you feel tha	t the Facilita	tor was frienc	dly and w	elcoming to	all?	
Ν	1 lot at all!	2	3	4	5 Very much so!		
	the Facilitat	or stop the v	ideo on time	for the ex	rercises to b	e	
N	1 Not at all!	2	3	4	5 Very much so!		
4. Did	the Facilitat	or conduct th	ne session in a	a professi	onal manne	r?	
Ν	1 lot at all!	2	3	4	5 Very much so!		
5. Wa	s the Facilita	tor on time v	vith the Sessi	on?			
N	1 Not at all!	2	3	4	5 Very much so!		

6.	Did the Facili	id the Facilitator control the focus to stay on the session?						
	1 Not at all!	2	3	4	5 Very much so!			
7.	Did the Facili	tator help ı	make the Sess	ion time er	njoyable?			
	1 Not at all!	2	3	4	5 Very much so!			
8.	Would you re	ecommend	to a friend a s	session con	ducted by this Facil	itator?		
	1 Not at all!	2	3	4	5 Very much so!			
9.	Do you feel to		-	Think abou	t Thinking™ in an			
	1 Not at all!	2	3	4	5 Very much so!			
	Thank you for	your time!	Your thoughts	s are very r	espected and value	d.		
Any	nations?							
Sugge	estions?							