

## Facilitator feedback

Please attach this form to your expense voucher.

Workshop title: \_\_\_\_\_

SURWorkshop       PSI workshop       Tripartite

BCTF facilitator: \_\_\_\_\_

Date of session: \_\_\_\_\_

Local/School \_\_\_\_\_

Participants: Elementary       Secondary       Middle       K-12

Number of participants booked \_\_\_\_\_ Number of participants in attendance \_\_\_\_\_

Please rate the following:

	Excellent	Satisfactory	Poor	N/A
Booking procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accommodations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workshop venue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments on the above:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What went well in the session(s)?

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

What would you do differently next time?

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Do you have any suggestions for modifications or additions to the current workshop?

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How can we better support you in future sessions?

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Any key questions/issues/concerns raised by participants that should be shared with other facilitators, BCTF, etc?

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Other comments:

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