

Facilitator Evaluation

Facilitator Name _____

Date _____

School _____

Number of Pupils _____

Comments on session plan/content/resources/materials:

	Not at all satisfied	Not very satisfied	Neither	Quite satisfied	Very satisfied
Overall satisfaction with session	1.	2.	3.	4.	5.
Extent to which outcomes were achieved	1.	2.	3.	4.	5.
Suitability of resources and materials	1.	2.	3.	4.	5.
Extent to which tone of session appropriate to target group	1.	2.	3.	4.	5.

General Comments:

Interaction/involvement of participants

	Not at all satisfied	Not very satisfied	Neither	Quite satisfied	Very satisfied
Interaction/involvement with participants	1.	2.	3.	4.	5.
Extent to which participants were interested	1.	2.	3.	4.	5.

Any problems with engagement

General comments

Facilitator Evaluation

Please complete overleaf
Feedback/comments from participants

Comments from participants

General comments

Case Studies/pen portraits which illustrate success / limitations

Follow up action

Suggested changes to resources..... Lessons Learned