

FACILITATOR EVALUATION FORM

Training: Integrating PT into a 17011
Accreditation Program – Continual
Improvement

Facilitator(s): Mr. Ned Gravel

Location: Ottawa, ON – CAEAL Office

Date: 5 February 2008

Item	Met Participant Needs?				
	1 No	2	3 OK	4	5 Yes
Course Objectives:	<i>√ as appropriate below</i>				
Were you given the opportunity to help define them?	0	0	0	0	3
Were they well defined?	0	0	0	0	3
Were they achieved?	0	0	0	1	2
Course Content:					
Was the material appropriate?	0	0	0	1	2
Complexity (1=too complex or too simple ← → Perfect=5)	0	0	0	1	2
Was the material clear to you?	0	0	0	0	3
Volume (1=too much or not enough ← → Perfect=5)	0	0	0	2	1
Did the handouts fit with this training - did they help?	0	0	0	1	2
Facilitator Methods:					
Did the facilitator allow sufficient discussion?	0	0	0	0	0
Did the facilitator encourage participation?	0	0	0	0	3
Did the facilitator help bring out new group ideas?	0	0	0	0	3
Did the facilitator help close out discussions?	0	0	0	0	3
Would you accept this facilitator again?	0	0	0	0	3
Catering and Facility:					
Was the seminar facility appropriate for the course?	0	0	0	0	3
Was the lunch and breaks service acceptable?	0	0	0	1	2