

## FACILITATOR EVALUATION FORM

**Training:** Root Cause Analysis

**Facilitator(s):** Ned Gravel

**Location:** Yellowknife, NT – Taiga Lab

**Date:** March 5, 2008

| Item   | Met Participant Needs?        |   |         |   |          |
|--|-------------------------------|---|---------|---|----------|
|  | 1<br>No                       | 2 | 3<br>OK | 4 | 5<br>Yes |
| <b>Course Objectives:</b>                                | <i>√ as appropriate below</i> |   |         |   |          |
| Were you given the opportunity to help define them?      | 0                             | 0 | 0       | 4 | 4        |
| Were they well defined?                                  | 0                             | 0 | 0       | 4 | 4        |
| Were they achieved?                                      | 0                             | 0 | 1       | 5 | 2        |
| <b>Course Content:</b>                                   |                               |   |         |   |          |
| Was the material appropriate?                            | 0                             | 0 | 0       | 6 | 2        |
| Complexity (1=too complex or too simple ← → Perfect=5)   | 0                             | 0 | 3       | 4 | 1        |
| Was the material clear to you?                           | 0                             | 0 | 3       | 4 | 1        |
| Volume (1=too much or not enough ← → Perfect=5)          | 0                             | 0 | 4       | 3 | 1        |
| Did the handouts fit with this training - did they help? | 0                             | 0 | 1       | 5 | 2        |
| <b>Facilitator Methods:</b>                              |                               |   |         |   |          |
| Did the facilitator allow sufficient discussion?         | 0                             | 0 | 0       | 4 | 4        |
| Did the facilitator encourage participation?             | 0                             | 0 | 0       | 4 | 4        |
| Did the facilitator help bring out new group ideas?      | 0                             | 0 | 2       | 4 | 2        |
| Did the facilitator help close out discussions?          | 0                             | 0 | 1       | 3 | 4        |
| Would you accept this facilitator again?                 | 0                             | 0 | 0       | 3 | 5        |
| <b>Catering and Facility:</b>                            |                               |   |         |   |          |
| Was the seminar facility appropriate for the course?     | 0                             | 0 | 1       | 5 | 2        |
| Was the lunch and breaks service acceptable?             | 0                             | 0 | 3       | 2 | 3        |

| Comments  | Response |
|---|----------|
| Modify welcome letter to correct tabs/lessons as well as update presentation slides to reflect changes. | Done     |
| Reword first sentence of scenario 5, tab 3  | Done     |