

FACILITATOR EVALUATION FORM

Training: Accreditation Seminar **Facilitator(s):** Ned Gravel
Location: 1525 Carling, Boardroom, Ottawa. **Date:** September 21, 2009

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?				1	1
Were they well defined?				2	
Were they achieved?			1	1	
Course Content:					
Was the material appropriate?			1	1	
Complexity (1=too complex or too simple ← → Perfect=5)		1		1	
Was the material clear to you?			2		
Volume (1=too much or not enough ← → Perfect=5)			1		1
Did the handouts fit with this training - did they help?			1	1	
Facilitator Methods:					
Did the facilitator allow sufficient discussion?					2
Did the facilitator encourage participation?				2	
Did the facilitator help bring out new group ideas?					2
Did the facilitator help close out discussions?				1	1
Would you accept this facilitator again?					2
Catering and Facility:					
Was the seminar facility appropriate for the course?			1		1
Was the lunch and breaks service acceptable?			1		1