

FACILITATOR EVALUATION FORM

Training: Root Cause **Facilitator(s):** Ned Gravel
Location: CALA Office **Date:** April 21, 2010

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?					4
Were they well defined?			1		3
Were they achieved?				1	3
Course Content:					
Was the material appropriate?				1	3
Complexity (1=too complex or too simple ← → Perfect=5)				2	2
Was the material clear to you?				1	3
Volume (1=too much or not enough ← → Perfect=5)			1	1	2
Did the handouts fit with this training - did they help?			1	1	2
Facilitator Methods:					
Did the facilitator allow sufficient discussion?					4
Did the facilitator encourage participation?					4
Did the facilitator help bring out new group ideas?				1	3
Did the facilitator help close out discussions?				1	3
Would you accept this facilitator again?			1		3
Catering and Facility:					
Was the seminar facility appropriate for the course?					4
Was the lunch and breaks service acceptable?	1				3

<u>COMMENTS</u>	<u>RESPONSE</u>
Should go over course objectives too!!	Agreed.

Other Comments

- The delivery of the one chocolate was excellent as well as listing our objectives.