

SESSION EVALUATION FORM

Session [Name of Session]:

Date: _____

Facilitator(s): _____

Site: _____

1. Overall, I found the session to be:

Not Useful				Very Useful
1	2	3	4	5

2. The objectives of the session were:

Not Clear				Clear
1	2	3	4	5

3. The organization of the session was:

Poor				Excellent
1	2	3	4	5

4. The communication skills of the facilitator(s) were:

Poor				Excellent
1	2	3	4	5

5. The facilitator(s) stimulated interest in the subject matter:

Not at All				Very Much
1	2	3	4	5

6. The facilitator(s) encouraged group participation:

Not at All				Very Much
1	2	3	4	5

7. Handouts or visual aids (if used) were:

Not Helpful				Very Helpful
1	2	3	4	5

8. Any additional comments?

9. The most useful features of the session were:

10. Suggestions for improvement

11. Suggestions for topics related to this session

