



FACILITATOR FEEDBACK SHEET

PRESENTER NAME _____

PHONE _____ E-mail _____

PRESENTATION VENUE _____

CONTACT PERSON _____

PHONE: (_____) _____ E-mail _____

PRESENTATION DATE _____ # OF PARTICIPANTS _____

GRADE LEVEL(S) (if presented at a school) _____

TEST RESULTS: (# correct answers) PRE-TEST _____ POST-TEST _____

COMMENTS

WHAT WENT WELL?

WHAT DIDN'T WORK WELL?

WHAT WOULD YOU DO DIFFERENTLY THE NEXT TIME?

HOW WELL THE INFORMATION WAS RECEIVED?

ADDITIONAL COMMENTS: