

Post Session Facilitator Feedback: Session 8



Instructions: Please complete **both** pages of this form following completion of **each** session.

Date Session Completed: ____ / ____ / ____ Total Time to Complete Session: ____ Minutes		Location of Session:		Number of Participants:		Facilitator Name(s):	
Completeness*: Choose a number from the list below that best describes the completeness of each activity. <ol style="list-style-type: none"> Activity or topic presented exactly as written in manual Made minor changes which did not alter the content of the activity or topic Made major changes which altered the content of the activity or topic Mentioned the activity or topic, but spent no meaningful time on it Did not present the activity or topic 						Possible Reasons**: <i>If topic/activity not completely covered, identify possible reason(s) from the list below. You may write the letter(s) corresponding with the reason(s) below. If your reason is not included on the list, please explain:</i> <ol style="list-style-type: none"> Not enough time Group interest in topic minimal More time spent on other topics/activities Instructions not clear Not familiar with topic/activity Not comfortable delivering topic/activity material 	
Session 8 - Topics/Activities		1	2	3	4		
1. Review of Session 7/Introduction							
2. You Decide: Remy							
Christina and Frank							
Andre							
Sonya and Ryan							
Carlos and Tanya							
Michael and Mark							

3. How Will You Avoid Pregnancy/STIs/HIV?						
4. Going for My Goals						
5. Session Wrap-Up Discussion						
Session Wrap-Up Option 8						
Other:						

Please review the "Purpose of Session" located at the beginning of each session. Do you feel the purpose of the session was achieved through the topics/activities covered? ☐ Yes ☐ No

If no, why? _____

How would you describe your preparation to deliver the topics/activities? ☐ Very well prepared ☐ Moderately Prepared ☐ Poorly Prepared

If not very well prepared, what could be done to improve preparation? _____

Do you feel that additional training would have benefitted you? ☐ Yes ☐ No

If yes, in what area(s) would you have liked more training? _____

Comments/recommendations regarding this session. (What went well? What did not go well? What, if any, changes did you make to the curriculum?) _____
