

# Post Session Facilitator Feedback: Session 6



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

<b>Date Session Completed:</b> ____ / ____ / ____ <b>Total Time to Complete Session:</b> ____ Minutes		<b>Location of Session:</b>		<b>Number of Participants:</b>		<b>Facilitator Name(s):</b>	
<b>Completeness*:</b> Choose a number from the list below that best describes the completeness of each activity. <ol style="list-style-type: none"> <li>Activity or topic presented <b>exactly</b> as written in manual</li> <li>Made <b>minor changes</b> which did not alter the content of the activity or topic</li> <li>Made <b>major changes</b> which altered the content of the activity or topic</li> <li>Mentioned the activity or topic, but spent no meaningful time on it</li> <li>Did not present the activity or topic</li> </ol>						<b>Possible Reasons**:</b> <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"> <li>Not enough time</li> <li>Group interest in topic minimal</li> <li>More time spent on other topics/activities</li> <li>Instructions not clear</li> <li>Not familiar with topic/activity</li> <li>Not comfortable delivering topic/activity material</li> </ol>	
<b>Session 6 - Topics/Activities</b>		<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>		
1. Review of Session 5/Introduction							
2. Risky Business							
3. Lunch Time Conversation							
4. Condom Comfort							
5. Condom Race							
6. Finding Adult Resources							
7. Session Wrap-Up Discussion							
Session Wrap-Up Option 6							
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?) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_