



## FACILITATOR REPORT

### Delivery information

Facilitator's name: \_\_\_\_\_ Facilitator's ID (trainer code): \_\_\_\_\_

Location of training (store name, company, etc.): \_\_\_\_\_

Date and time of training: \_\_\_\_\_

Session delivered: \_\_\_\_\_ Number in attendance: \_\_\_\_\_

Details about location (type of room, etc.): \_\_\_\_\_

Did you use media players? Yes No

### Post-delivery evaluation

<i>Please rate the session:</i>	<i>Strongly Agree</i>			<i>Strongly Disagree</i>	
Participants were engaged and involved	1	2	3	4	5
Participants found the content relevant and interesting	1	2	3	4	5
Participants found the event worthwhile	1	2	3	4	5
Our primary sponsor was satisfied with the event	1	2	3	4	5
I achieved the goals of the session	1	2	3	4	5

### Participant questions

For the following, please list up to three questions asked by participants, along with the answer you provided.

<i>Question asked:</i>	<i>Answer provided:</i>

### Wrap-up

List any follow-up commitments:

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Share a story from the event:

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Additional comments, requests, etc.:

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Please fax completed forms to (802) 863-1601.

To complete this form online, go to <http://edu.seventhgeneration.com/partners/>