

# How to Correct Discrimination Errors, Vol. 2

## Facilitator's Feedback Form

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Facilitator's name: \_\_\_\_\_

Facilitator's Position: \_\_\_\_\_ Years in Current Position: \_\_\_\_\_

1. Were the participants fully engaged? Y N

Explain: \_\_\_\_\_

\_\_\_\_\_

2. Did the participants demonstrate mastery of the targeted skills? Y N

Explain: \_\_\_\_\_

\_\_\_\_\_

3. Did the activities prompt focused discussion and practice? Y N

Explain: \_\_\_\_\_

\_\_\_\_\_

4. Was the facilitator's guide useful? Y N

Explain: \_\_\_\_\_

\_\_\_\_\_

5. Describe any problems you encountered, if any, using the guide: \_\_\_\_\_

\_\_\_\_\_

6. Describe any problems you encountered, if any, using the video: \_\_\_\_\_

\_\_\_\_\_

7. What specific recommendations, if any, would you make for improvement on the

Guide: \_\_\_\_\_

\_\_\_\_\_

Video: \_\_\_\_\_

\_\_\_\_\_

(See next page.)



# How to Correct Discrimination Errors, Vol. 2

## Facilitator's Feedback Form

8. Please list the participants who attended this video in-service and whether or not they had attended at least two full days of training in a DI program before participating in this in-service.

<b>Participant Name</b>	<b>Attended two-day program training?</b>

9. Any additional comments?

---

---

---

