How to Correct Discrimination Errors, Vol. 1
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.)
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.

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<tr>
<th>Participant Name</th>
<th>Attended two-day program training?</th>
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9. Any additional comments?

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