Thermometer Chart
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. Describe any problems you encountered, if any, using the video: ____________
____________________________________________________________________
____________________________________________________________________

5. What specific recommendations, if any, would you make for improvement on the video: ____________
____________________________________________________________________
____________________________________________________________________

(See next page.)
6. 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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<thead>
<tr>
<th>Participant Name</th>
<th>Attended two-day program training?</th>
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7. Any additional comments?
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