

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.)



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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.

Participant Name	Attended two-day program training?

7. Any additional comments?
