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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