

## Critical Phrasing

### Facilitator's Feedback Form

If you would care to help us improve our training, please return this feedback form and any other comments to [training@nifdi.org](mailto:training@nifdi.org). Thank you!

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

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

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

1. Were the participants fully engaged? Y N

Comments: \_\_\_\_\_

\_\_\_\_\_

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

Comments: \_\_\_\_\_

\_\_\_\_\_

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

Comments: \_\_\_\_\_

\_\_\_\_\_

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

Comments: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

