

Program Name:	CRS St	CRS Staff:				
Date:	Location:					
Your Organization:						
Thank you for facilitating the small group sessions. We greatly appreciate your support and feedback, and we will use your responses to help improve the program.						
Please rate how strongly you agree or disagree with each of the following statements by circling the corresponding number.		Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1. The facilitator training program provided me with the skills to successfully facilitate the small group breakout sessions.		1	2	3	4	5
2. I had all the necessary facilitation tools to successfully facilitate the small group breakout sessions.		1	2	3	4	5
3. My role and responsibilities as a small group facilitator were clear.		1	2	3	4	5
 I received the necessary support from CRS during the program to successfully facilitate the small group breakout sessions. 		1	2	3	4	5
For the following questions, please write your comments in print and as legibly as possible. 5. What was the most important takeaway from the facilitator training program?						
6. What suggestions do you have to improve the facilitator training program? Please be specific.						
7. Do you have additional comments you would like to share?						

Thank you for your feedback!