

FEEDBACK FORM

Facilitator: _____

Date: _____

Please circle your responses below.

	Strongly Disagree	Disagree	Unsure	Agree	Strongly Agree
1. I was interested in the activity.	1	2	3	4	5
2. I learned a lot from the activity session.	1	2	3	4	5
3. The survivor's personal story made an impact on me.	1	2	3	4	5
4. Information was presented clearly.	1	2	3	4	5
5. The presenter(s) seemed knowledgeable.	1	2	3	4	5

6. What did you enjoy most about the activity?

7. What did you enjoy least about the activity?

8. Additional comments: