

BCTF Training Department

Facilitator Feedback Form 2011-12



Workshop Title:
BCTF Facilitator:
Date of Session:
Local/School:
Participants: Elementary <input type="checkbox"/> Secondary <input type="checkbox"/> Middle <input type="checkbox"/> K-12 <input type="checkbox"/>
Number of Participants booked: Number of Participants in attendance:

How would you rate the following:

	Super		Okay		Poor
Booking procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Travel arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accommodations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Workshop venue	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

A brief description of the workshop... (Attach agenda if available)

What went well in the session(s)?

What would you do differently next time?

How can we support you in future sessions?

Comment on the climate in the school...

Key questions/issues/concerns raised by participants that should be shared with other facilitators, BCTF, etc?

Other comments

Thank you for completing this form!
Please return along with your expense voucher and workshop feedback forms to:

Bonnie Quan Symons
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