Facilitator Name:		
Group Members:		

General Facilitator Feedback Form

Event:

This form is for facilitators to complete after each TEAM event to give us an update on how your group members and the triad as a whole did during the event. Your observations and comments are very valuable to us, so please be thorough. Our hope is that these forms will help us focus our attention where it is needed for a more positive experience for all TEAM members!

Whole Group Participation

Please rate (circle/underline) the extent to which you agree with each statement, for the majority of your group members. If you feel it does not apply at all to your group at this event, choose "N/A". Please use the comments section to clarify any responses, particularly if there was a discrepancy between participants.

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1.	My group members use	ed positive, constru	uctive language with each other	r.		
St	rongly Disagree	Disagree	Somewhat/Emerging	Agree	Strongly Agree	N/A
2.	My group members help	ped each other wh	en someone was having troubl	le.		
St	rongly Disagree	Disagree	Somewhat/Emerging	Agree	Strongly Agree	N/A
3.	My group members par	ticipated in the act	tivities.			
St	rongly Disagree	Disagree	Somewhat/Emerging	Agree	Strongly Agree	N/A
4.	My group members end	couraged each othe	er to participate in the activities	5,		
St	rongly Disagree	Disagree	Somewhat/Emerging	Agree	Strongly Agree	N/A
5.	My group members wer	re able to find fair	compromises when they did no	ot agree on how	to do something.	
St	rongly Disagree	Disagree	Somewhat/Emerging	Agree	Strongly Agree	N/A
6.	My group members clas	shed frequently; th	nere were many strong persona	alities in conflict	with each other.	
St	rongly Disagree	Disagree	Somewhat/Emerging	Agree	Strongly Agree	N/A
7.	My group members mad other friends.	de an effort to inte	eract with their own group ever	n when they cou	ıld have been socializing	with
St	rongly Disagree	Disagree	Somewhat/Emerging	Agree	Strongly Agree	N/A
8.	My group members are talking about things the		oort with one another, e.g. sha FAM.	ring personal ex	periences, making jokes,	or
St	rongly Disagree	Disagree	Somewhat/Emerging	Agree	Strongly Agree	N/A
Co	omments:					
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Facilitator Name:	Event:
Group Members:	

General Facilitator Feedback Form

Individual Participation

Lastly, if there was anything that happened with any of your group members today that you think the program coordinators should know, or there is any group member you think might need more support in a certain area, please write their name, role, and some comments in the grid below. This can also be an opportunity to tell us any positive observations, such as a particular strength you noticed in one of your group members, or an interaction that made you proud! ©

Name of Group Member	Role (Mentor/ Mentee)	Comments
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