

BOOSTER SESSION
Facilitator Evaluation

Name: _____ Date: _____

Location of activity: _____

How long did the activity last? _____

Did you provide snacks or a meal? _____

How much money was spent on this booster session? _____

List what worked particularly well. If appropriate, use quotes/examples from participants.

Provide comments and/or suggestions regarding what, if anything, did not work well. If appropriate, use quotes/examples from participants.

What changes, if any, did you make to the booster activity protocol? Why?

Any other comments?

Thank you for your time!

Office Use Only

Class: _____ Cohort: _____ Agency: _____ ID: _____ Entered: _____