FEEDBACK FORM **Title of Session …….……**

NAME.....……..... **Group colour .....…….....**

What is your evaluation of:

	Poor ..……....…….....Excellent				
The Video	☐	☐	☐	☐	☐
The Small Group Sharing	☐	☐	☐	☐	☐
This session overall.	☐	☐	☐	☐	☐

Do you feel comfortable in your group? Yes ☐ No ☐

Is there anything you would like to bring to the attention of your facilitator or the course co-ordinator?

Any other Comments:

----------cut here ----------

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