

QUESTIONS

RESPONSES 13

CFL Facilitator Feedback

This form is for group classes offered between JULY 2017 - JUNE 2018. Please submit one form per 10-week session.

Questions with a * are required. The final few questions are optional.

Image title



Name of Class *

Short answer text

Name of Facilitator(s) *

Short answer text

How would you describe the class participants? Please give us a demographic profile or overview of the group.

*

Long answer text

What were some of the highlights from this session? (ie. literacy activities, observations of growth or connection in the class)

*

Long answer text

What were some of the challenges? *

Long answer text

What other observations, conclusions or remarks would you like to share? *

Long answer text

Do you have a story about a specific learner in your group class that you would like to share? (This could include progress you have observed, challenges he/she has overcome, or milestones reached.)

*

Long answer text

Name of person completing report

Short answer text

Image title

