**OUESTIONS** 

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	many w	veeks (	did you	r class	meet d	uring t	his ses	sion?	(ie. 10)	*
Short an	nswer text					·-				
How	manv II	NSTRU	ICTION	AL HOL	JRS dic	l you a	nd you	r co-fac	cilitator	spend
	•			AL HOU e. 10 w		•	•			•
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the cl 40)	assroo	m sett	ing? (i		reeks x	2 hour	s per v	veek x	2 facili	tators :



How many of the participants practiced using the foundational skills they learned from you? (ie. reading on their own, writing outside of class, or using their conversational skills in the community)



Long answer text	-
What were some of the highlights fro	•
chearyations of arough or connection	i in ind rideei
Long answer text	in the class)
observations of growth or connection	in the class)
-	

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

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

Image title

