

Imagine No Racism – Session Evaluation Form

Instructions: After each session, the facilitator will complete the evaluation form. The forms will be collected by your Regional Coordinator. Please attach attendance sheet to this document.

Date: _____	Time: _____	Session # _____
District: _____	Location: _____	
Facilitator: _____	# of Participants: _____	

Were you able to cover all the material? Yes No

If not, why _____

Overall how do you think the session went?

Poorly 1 2 3 4 5 Excellent

Comments: _____

What was the level of participation in the group?

No Participation 1 2 3 4 5 Fully Engaged

Comments: _____

What question or subject challenged you and/or participants?

Additional Comments:
