

comments about your experience

Facilitator Feedback Form

Congratulations – you have completed your first *Nobody's**Perfect parenting series!

Nobody's Perfect is a program offered across Canada. Quality and consistency are important when offering this program. This information will help us to evaluate the impact of *Nobody's Perfect* with parents and the facilitator training.

Facilitator Name: Dates trained as a facilitator: Dates of first parent series:	Agency:
What were the high points for you as a facilitator doing you	r first parent series?
What were the low points for you as a facilitator?	
What would you do differently next time to alleviate those	low points? (Or would you?)
Participant Centered Approach: List two examples of topics you chose to facilitate based on were	what the participants wants and needs
What did the participants seem to like most about the prog	ram?
Experiential Learning Cycle List two examples of how you used the Experiential Learnin	g Cycle with your participants
Upon reflecting on your first experience, make note of a few	v things for your next series and any other

In order to better prepare future facilitator training sessions we would like you to reflect on the training that you participated and the facilitator guide that you received.

I used the knowledge and skills developed from the <i>Nobody's Perfect</i> Facilitator Training to: ease select all that apply) Share the information with other colleagues or health practitioners
Share the information with clients, students, parents or program participants
Inform or adjust my professional practice
Facilitate a Nobody's Perfect parenting program
Facilitate other meetings or programs
Change the way I provide training to others
Establish or update professional practice/procedures in my organization
Inform policy development or revision in my organization
Increase my use of <i>Nobody's Perfect</i> supplementary resources (e.g. tips sheets, www.nobodysperfect.ca) Other, please specify:

1b. In this context, I found the *Nobody's Perfect* Facilitator Training to be: (Please select all that apply)

	Very effective	Effective	Average	Ineffective	Very ineffective
Share the information with other colleagues or health practitioners	0	0	0	0	0
Share the information with clients, students, parents or program participants	0	0	0	0	0
Inform or adjust my professional practice	0	0	0	0	0
Facilitate a <i>Nobody's Perfect</i> parenting program	0	0	0	0	0
Facilitate other meetings or programs	0	0	0	0	0
Change the way I provide training to others	0	0	0	0	0
Establish or update professional practice/procedures in my organization	0	0	0	0	0
Inform policy development or revision in my organization	0	0	0	0	0
Increase my use of <i>Nobody's Perfect</i> supplementary resources (e.g. tips sheets, www.nobodysperfect.ca)	0	0	0	0	0
Other, please specify:	0	0	0	0	0

	2. Please rate the degree of impact the <i>Nobody's Perfect</i> Facilitator Training has had on your personal or professional practice.					
0	High					
0	Moderate					
0	Low					
0	Uncertain					

3. We welcome your comments or a concrete example regarding the overall impact of the *Nobody's Perfect* Facilitator Training.

4. I have found the *Nobody's Perfect Facilitator Guide*: (Please indicate your level of agreement with each of the criteria below)

,	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree
Easy to read (accessible language)	0	0	0	0	0
Well-organized (design and appearance)	0	0	0	0	0
Comprehensive	0	0	0	0	0
Relevant to my work - a useful reference	0	0	0	0	0
Up-to-date - based on recent evidence	0	0	0	0	0
Practical to apply - tools and templates	0	0	0	0	0
Increased my knowledge of the program	0	0	0	0	0

5. We welcome your comments on the *Nobody's Perfect Facilitator Guide*.