Appendix G

Feedback Form for NCSALL

After conclusion of the Study Circle, complete this form and send to:

NCSALL/World Education
44 Farnsworth Street
Boston, MA 02210-1211
Attn: Cristine Smith
NCSALL Feedback Form for Study Circle Facilitators

Group name: ________________________________________________________

Location/site of your study circle: __________________________________________

1. When did your study circle meet? Day: _______________ Time: ______________

2. How many times did your Study Circle meet?

3. Generally speaking, how satisfied have you been with your experience as a Study Circle facilitator?
   - [ ] Very satisfied
   - [ ] Somewhat satisfied
   - [ ] Not at all satisfied

   Why?

4. What was your most satisfying experience as a facilitator? Please provide an example:

5. What was your most frustrating experience as a Study Circle facilitator? Please provide an example.

6. In all, how many people participated in your study circle? (Count everyone who attended at least one session.) __________
   6a) How many people started with the first session? __________
   6b) How many of those people attended all the sessions? __________
   6c) How many people attended only one or two sessions? __________

7. How satisfied were your participants with the study circle process?
   - [ ] Most participants seemed satisfied
   - [ ] Most participants expressed dissatisfaction
   - [ ] Most participants expressed both satisfaction and dissatisfaction at various points in the process
   - [ ] I couldn’t judge their levels of satisfaction

   Please explain:

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8. Did you have adequate support from the program organizers?
   ☐ Yes ☐ No ☐ Not sure
   Please explain:

9. What additional support would have been helpful?

10. If you were to facilitate another Study Circle, what factors would you change (for example, discussion materials, activities, etc.)?

11. What difference has taking part in this Study Circle program made in you personally?

12. What difference do you see this Study Circle program making in your program or state?

13. Other impressions, concerns, and comments:

Your name: (optional)____________________________________________________________

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Attn: Cristine Smith

Adapted from Study Circle Resource Center Feedback Form