

# Appendix E

**To be sent to NCSALL after conclusion of the Study  
Circle**

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➤ Feedback Form

# Performance appraisal for Study Circle facilitators Feedback for NCSALL

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:

**Return to NCSALL at: 44 Farnsworth St, Boston MA 02210. Att: Cristine Smith**

Adapted from Study Circle Resource Center feedback form

*NCSALL Study Circle Guide: Performance Accountability in Adult Basic Education*

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)?

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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