Appendix F

To be sent to NCSALL

Feedback Form for NCSALL

At the 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

Gr	oup name:					
Lo	ocation/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?					
	\square Very satisfied \square Somewhat satisfied \square Not at all satisfied Why?					
4.	What was your most satisfying experience as a Study Circle 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.)					
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:					

8.	Did you have adequate support from the program organizers?				
	☐ Yes	□ No	☐ Not sure		
	Please explain:				
9.	What additional su	apport would have	e been helpful?		
10.	=	litate another Stud on materials, activi	dy Circle, what factors would you change (for ities, etc.)?		
11.	What difference h	as taking part in th	nis Study Circle program made in you personally?		
12.	What difference destate?	o you see this Stud	dy Circle program making in your program or		
13.	Other impressions	, concerns, and cor	mments:		
Re	· •		4 Farnsworth Street, Boston, MA 02210-1211 Attn:		

Adapted from Study Circles Resource Center Feedback Form