Appendix G

To be sent to NCSALL

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

Gr	roup 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? ☐ 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.)
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 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:
Vo	ur name: (ontional)

Return to: NCSALL/World Education, 44 Farnsworth Street, Boston, MA 02210-1211 Attn: Cristine Smith

Adapted from Study Circle Resource Center Feedback Form