

Reality Check Program Facilitator Evaluation

Name:

Day, date, time of program:

How many participants attended?

Gender of participants # female _____ # male _____ # transgender _____

What type of group was this (e.g., residence hall floor, Greek chapter)?

Location of program (floor and hall, chapter, team)?

Facilitator's relationship to group (e.g., floor member, chapter president)?

What went well with the program?

What didn't go well with the program?

What would you keep the same about the program?

What would you change about the program?

What did you learn from your experience with this program that would be helpful for another facilitator to know?