

ALTERNATIVES TO VIOLENCE PROJECT

Facilitator/Workshop Guidance & Evaluation

Name _____ Date _____ Type: _____

Basic/Advance/T4T

1. What I did at this workshop that I am proud of? (To Affirm Self)
2. What did each of my team members do that was WOW? (To Affirm Others)
3. What helpful observations can I offer to the team members regarding their facilitation during the workshop? (To Learn More)
4. Issues on which I need reassurance from my team . . . (For Support)
5. Were there any particular participants to whom I was attracted or with whom I particularly struggled that I would like to discuss? (For Support)
6. Ways in which I have seen myself grow as an AVP trainer in this workshop . . (To Monitor Self Progress)
7. Any comments about the workshop in general?