POST GROUP FACILITATOR REPORT

Name:		Date:	
Сс	Co-Facilitator:		
1.	1. I was the Lead Facilitator for: a. An AbAnon Women's Group b. A SAVAnon Women's Group d. A SAVAno		
2.	2. This group is a(an) a. Online group. () Platform b. Local group		
3.	3. I would recommend this location or platform for future groups: \square Yes \square No		
4.	4. I would rate my experience as a facilitator as: a. Great! b. Pretty Good	c. Marginal d. Difficult	
5. Please provide a short statement explaining your answer to number 4.		mber 4.	
6.	6. One thing the organization could do to improve my experience	ne thing the organization could do to improve my experience as a facilitator is:	
7.	I would like to receive training on the following topic(s):		
8.	8. Which participants in your group sessions would you like to sp	onsor to be a facilitator? Please list their name(s).	
9.	9. When would you like to facilitate another group? a. Next Month b. In Two Months	c. In Three Monthsd. I'm not sure. I would like to discuss this with my Team Leader/Director	

Thank you! Please forward this to your program director via email