



## Facilitator's Feedback Questionnaire

Denomination: \_\_\_\_\_ Number of Participants: \_\_\_\_\_

Number of Sessions: \_\_\_\_\_ Length of Sessions: \_\_\_\_\_

Your Education:    HS    Trade School    Bachelors    Masters    Doctoral

Rate your experience as a group facilitator:    (No Experience)    1    2    3    4    5    (Extensive Experience)

Rate your prior exposure to Family Systems:    (No Experience)    1    2    3    4    5    (Extensive Experience)

1. How user-friendly was the Leader's Guide?    (Not Helpful)    1    2    3    4    5    (Very Helpful)

a. What was most helpful?

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b. How can the Leader's Guide be improved?

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2. What advice do you have for other facilitators?

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3. Would you recommend this study for use in other churches?

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4. Additional comments, (please include additional comments on the back of this page):

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Thank you!

Please return questionnaire to your group facilitator for mailing/faxing to:

Shaping Your Family's Future

283 South Butler Road PO Box 550

Mt. Gretna, PA 17064

FAX - 717.270.2449

Attn: Marganne Hoffman