



GLE Program Module Facilitator Feedback

Program Date: _____

Facilitator Name: _____

Phone: _____

Email: _____

Organization the Program is for: _____

Program Location: _____

Number of Girls in attendance: _____ GLE Program Module: 1 2 3 4 5

Facilitator Feedback Evaluation

Please take a few minutes to recap your experience using this GLE Module. In lieu of sending in an evaluation for each module, we will call you. The conversation will be based on the questions below. Ideally that call will happen *shortly* after you have done the Module. That is why it is important that we know when you are actually using each module. However, please take some notes to capture the experience so that the conversation will be as fresh as possible.

1. What went well?
2. What didn't go as well as you hoped or planned?
3. What would you do / try differently next time?
4. Is there any best practice or learning you would like to share with your GLE Facilitator Colleagues?
5. What was the impact on the girls?
6. What was the impact on you?
7. How would you take these concepts to the next step?

If you have questions you can always contact us at: GirlsLeadership@WPForum.org