

# Confidential | Facilitator Performance Evaluation

Facilitator:

Workshop Date:

Project Name:

TRACS #:

1. On a scale of 1 to 5 (1=lowest / 5=highest) how satisfied were you with the efforts made by the partnering facilitator in planning the appropriate type of workshop for the project and the team? 1  2  3  4  5
2. How effective was the facilitator in encouraging participation from all team members and keeping the discussion on track? (1=lowest / 5=highest) 1  2  3  4  5
3. Would you recommend this partnering facilitator for future projects? Yes  No

What comments / suggestions do you have to offer?

Do you want a Partnering representative to call regarding this workshop? Yes  No

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Organization: \_\_\_\_\_

Please submit this form by clicking the "Submit by Email" button when finished. This form will be sent to Partnering Management. Thank you for taking the time to provide honest feedback to allow improvement to the Partnering Process.

**SUBMIT BY EMAIL**