



Office of the Ombuds

Group Facilitation Evaluation

RESPONSES ARE ANONYMOUS

Please provide your feedback by choosing the rating that best describes your experience.

Name of Facilitation

Date of Facilitation

Name of Facilitator(s)

| The facilitators: | Strongly Agree | Agree | Neutral | Disagree | Strongly Disagree |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Helped generate a positive atmosphere that facilitated the group's accomplishing its goals | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Guided the group process without being too directive. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Was open to group member ideas, viewpoints, opinions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Was good at facilitating interaction within the group when needed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Was skilled at getting everyone in the group involved. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Asked good questions when needed. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Was a good listener. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Encouraged wrap up sessions. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Overall, having an external group facilitator was beneficial for this group at this time. | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Comments/suggestions:

Please return your completed survey by mail to Office of the Ombuds, c/o Charleane Williams at 3333 California Street, Suite 309, San Francisco, CA, 94143-1264 – or by fax to 415.502.9675. Thank you for your time!