



Session Evaluation

To be completed by the Educator immediately after each session

Date: _____ Group Number: _____ Session Number: _____

County: _____ Length of Session: _____

Session Topic: _____

How many women attended? _____ How many women did you expect? _____

What did you feel about the session overall? _____

What topics, if any, were sensitive? _____

What do you think went well? Why? _____

What do you think did not go well (problems)? Why? _____

How do you think the participants received the session? _____

What comments did you hear the participants make? _____

Do you think this session had an impact on participants' behavior change? Why? _____

What suggestions do you have to improve the session? _____

To be completed by the Educator