APPENDIX E
OLLI, FACILITATOR END OF SESSION REPORT

TERM?  FALL_____  WINTER_____  SPRING_____  ACADEMIC YEAR _______

FACILITATOR(S) ___________________________________________________ ________

COURSE TITLE __________________________________________________________ ___

Site:  Central _____      West _____        South_____

When you were approached to facilitate, were you given a good understanding of what was expected of you and when?_______
Comments:

Is there information that you would like to be included in future training sessions? ______
Please comment:

Did you use the DU program called “Portfolio”? _______
If so, please give me your opinion of how it worked for you and for your class.

What did you enjoy most about the experience?

What would have improved the experience for you?

Would you facilitate again? _____
If yes, is there a course you would like to facilitate?

Would you repeat your course at a different site? ______
   If yes, which site(s)?  Circle all that apply  Central    South    West

Please identify anyone that you have talked to who would like more information about being a facilitator:

Please return this form in the envelope with your class evaluations.
THANK YOU