

**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**