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## Trainer's Report Form

**Trainer Name:**

**Event Name/Description:**

**Dates of the Event:**

**Host Diocese:**

**Diocesan Coordinator Name:**

Comments regarding organization of the event. (What did the Diocesan Coordinator or Efm Administrator do that was helpful or could have been better?)

General comments regarding the event?

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Please complete the report sections for all those attending the event. When you have offered feedback for each participant, please turn to pages 11-14 of this document to provide additional feedback that will help with our training and program planning.

***Many thanks for taking the time to complete this report.  
Your gifts of time, skill and faithful commitment are all much appreciated.***

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*The Efm Canada office is located on the traditional territories of the Syilx, Westbank First Nation; and Efm groups meet across Canada on the ancestral lands of many Indigenous, Metis and Inuit Peoples. We are grateful for their witness to us. As an organization devoted to adult Christian Education, Efm Canada is committed to offering opportunities for learning and engagement in truth-telling and reconciliation in Canada.*

Did this participant attend all of the sessions? \_\_\_\_\_

Do you recommend this participant for accreditation or reaccreditation? \_\_\_\_\_

**Overall Evaluation:** What elements of their work in the sessions contributed to your decision, in general?

**Leading TR:** What was done well...? What remains to improve...?

**Small group leadership skills:** What was done well...? What remains to improve...?

**Administration knowledge:** What does this person know about registering a group? What questions remain?

**Advanced training / Opportunity to review recommendations and offer feedback:**

Does this person meet current eligibility prerequisites to attend a Formation event? \_\_\_\_\_

Would you recommend them for Formation training at this time? Please elaborate. \_\_\_\_\_

There was opportunity to review the recommendations, offer feedback and identify personal learning goals before the training event concluded. \_\_\_\_\_

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**Recommendation for consideration as a Trainer:**

Was there an outstanding, experienced Mentor present who ought to be recommended as a Trainer? Please give your reasons for making this recommendation. Please do not discuss this with the Mentor as we do not want to set up expectations.

Name:

Comments:

Name:

Comments:

Name:

Comments:

**Additional feedback is requested on the next page; please fill in and email with your completed report to Chris Ross, Director of Training, Catherine Hall, Director of EfM Canada and Robin Graves, Administrator.**

**Chris Ross** - [cross@telus.net](mailto:cross@telus.net)

**Catherine Hall** - [director@efmcanad.ca](mailto:director@efmcanad.ca)

**Robin Graves** - [efmcanada@kootenay.info](mailto:efmcanada@kootenay.info)

## **Feedback to EfM Canada**

### **Feedback from Participants**

What does EfM Canada need to know from the event participants about communication, things needing to be done differently, curriculum?

### **Evaluation of the Event**

Were there significant items of feedback from a Trainer's perspective that you wish to share with EfM Canada?

**Evaluation of the Event (Continued)**

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