

Catholic Bible Institute – Year 3 – Coordinator’s Evaluation Form

Name of Observer: _____

Names of Team Visited: _____

Date & Time of Visit: _____

Session Location: _____

Session Theme/Focus: _____ Number of Participants: _____

Primary Resources Used: _____

Describe the atmosphere of the session overall (relaxed, exciting, friendly, formal, loving, etc.)
How was this evidenced?

How was the biblical content presented? Comment on the method(s) of presentation:

How was the group discussion/sharing? Comment on the group dynamics and participation:

What did the group facilitator(s) do best in facilitating this session?

What could the group facilitator(s) have done better in facilitating this session?

Briefly describe the Sacred Space (location, relation to topic, contribution to the gathering):

Describe what you noticed, *positively and/or negatively*, in the following areas overall:

1) Organization, logistics, and hospitality:

2) Atmosphere conducive to *adult* learning, discussion, and faith sharing:

3) *Integration* of study, sharing, and prayer (incl. music, silence, intercessions, etc.):

4) Facilitator's *knowledge* of the Bible and *use* of biblically-related resources:

5) Quality of the facilitator's *listening* skills:

6) Quality of the facilitator's *questioning* skills:

7) Facilitator's ability to *focus* the group and *summarize* the content of the sharing:

8) Facilitator's ability to handle *difficulties* within the group:

9) Any other comments:

Please return this form at our Wrap-Up Session on Nov. 13, 2010