GROUP PROCESS NOTES

Facilitator: ______________________
Group: ______________________
Location: ______________________
Date: ___/___/_____ Time: ___:___ a.m./p.m.

1. Did you accomplish all lesson objectives?
   Yes___  No___
   • Objectives omitted:
     - ______________________
     - ______________________
     - ______________________
     - ______________________

   • Obstacles/reasons for omitted objectives:
     ______________________________________________________
     ______________________________________________________

2. Which planned curriculum activities did you use in this session?
   - ______________________
   - ______________________
   - ______________________
   - ______________________

3. Which additional activities did you use in this session?
   - ______________________
   - ______________________

4. Did students raise unplanned issues (issues off today’s lesson topic)?
   Yes___  No___
   • Issues raised:
     - ______________________
     - ______________________

   • How were issues discussed/processed in the group?
     ______________________________________________________
     ______________________________________________________
     ______________________________________________________

5. Which activities/topics did the participants like best?
   - ______________________
   - ______________________
   - ______________________

Notes:
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