

# Companion Self Evaluation Form

*Understanding Change, Loss and Grief seminar*



This evaluation is an opportunity for you to reflect on your role as a Companion and your contribution through the *Understanding Change, Loss and Grief* seminar.

When you have completed it please return it to your Trainer, along with the completed Participant Evaluation Forms. These are necessary for your initial application for accreditation as a Companion and also for your ongoing accreditation, which is dependent upon implementation and attendance at a Reconnector at least once within a two-year time frame.

1. I was well prepared for the seminar presentation

1	2	3	4	5
Strongly disagree				Strongly agree

2. I created a learning environment that was welcoming, safe and inclusive of each Participant

1	2	3	4	5
Strongly disagree				Strongly agree

3. I was able to manage the time well and draw the seminar to a meaningful conclusion

1	2	3	4	5
Strongly disagree				Strongly agree

4. I maintained strong personal authority and was able to end or change processes that were not working

1	2	3	4	5
Strongly disagree				Strongly agree

5. I was able to facilitate discussion amongst the Participants

1	2	3	4	5
Strongly disagree				Strongly agree

6. I was able to assist the integration of personal learning while keeping the content objective

1	2	3	4	5
Strongly disagree				Strongly agree



7. Overall, how would you rate your group facilitation skills?

1	2	3	4	5
Very poor		Satisfactory		Excellent

8. Overall, how would you rate your effectiveness as a *Seasons for Growth* Companion?

1	2	3	4	5
Very poor		Satisfactory		Excellent

9. What do you consider were the best aspects of your contribution as a *Seasons for Growth* Companion?

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10. What do you consider were the most challenging issues you had to manage as a *Seasons for Growth* Companion?

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11. What do you believe the Participants learnt?

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12. Would you do anything differently next time you present the seminar? If so, what?

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13. Other comments

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Name of Companion: (please print) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

