

Facilitator effectiveness questionnaire

This short questionnaire is designed to provide your facilitator with a means of reviewing your 360° feedback facilitation. The feedback you provide is for their own personal development – they are not required to share this with anybody else. The information you provide will help:

- You to reflect on your feedback and capture your learning
- Your facilitator to understand their current effectiveness and their own development needs

Your explicit agreement will be sought before sharing this data with anyone.

About you and your facilitator

Your name

Your organisation

Facilitator's name

Session date

Your feedback objectives

	Outstanding	Excellent	Good	Unsatisfactory	Poor
Your facilitator's role in helping you shape, review and update your feedback objectives throughout the process	5	4	3	2	1
The support provided by your facilitator in achieving your feedback objectives	5	4	3	2	1
	Fully	To a large extent	Mostly	To some extent	Not at all
The extent to which you achieved your feedback objectives					

The feedback relationship

	Outstanding	Excellent	Good	Unsatisfactory	Poor
Your facilitator's insight and awareness of your issues	5	4	3	2	1
The strength of the relationship (i.e. the level of trust and rapport with your facilitator)	5	4	3	2	1
The interventions made by your facilitator (use of questioning, models, techniques etc.)	5	4	3	2	1
The knowledge and skills of the facilitator	5	4	3	2	1



	Outstanding	Excellent	Good	Unsatisfactory	Poor
Would you recommend this facilitator to others (please tick the appropriate box)	Yes			No	

Your learning

Please describe the learning from your feedback
(e.g. increased self awareness, improved understanding of leadership strengths and development areas, my performance on the Healthcare Leadership Model dimensions)

What learnings have had the most significant impact on you?

Organisational impact

	Transformational	Significant	Some	Little	None
The overall impact of the feedback on my effectiveness has been:	5	4	3	2	1
Please describe how you applied the learnings from your 360° feedback into the workplace					

Sustaining change

What further support do you require?

Your comments

Please share your reflections on your feedback with your facilitator:

Did your facilitator explain the Healthcare Leadership Model well?

Yes No

Did your facilitator help you understand and make links between the feedback, your role and your development needs?

Yes No

Thank you for completing this questionnaire.

I am happy for this information to be used to support the facilitator's personal development, in their learning logs and their personal development portfolio. Please note that this evaluation will not be sent to or used by any other party, unless you give you explicit permission.

Please sign the following statement if you agree, then return it directly to your facilitator.

Signature

Name (block capitals)

Date

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