



## Leader Feedback Form

Your Name: \_\_\_\_\_ Workshop Location: \_\_\_\_\_

Today's Date: \_\_\_\_\_

The following list is designed to help you clarify your and your co-leader's strengths and challenges as program leaders. Rate each behavior for yourself and your co-leader on a scale of 1 to 4, where **1 = not successful at all** and **4 = very successful**. If not applicable please leave that section blank.

How successful were you and your co-leader at the following behaviors?	Myself				My Co-Leader			
	Not at all		↔		Very		↔	
	1	2	3	4	1	2	3	4
Presenting information understandably								
Giving clear directions for class activities								
Keeping discussions directed toward the subject								
Adhering exactly to the course content and methods outlined in the Leader's Manual								
Teaching action planning								
Teaching problem solving								
Teaching how to make an exercise program								
Teaching muscle relaxation								
Teaching guided imagery								
Teaching positive self-talk								
Teaching communication skills								
Teaching better breathing								

Any further comments on your and your co-leader's strengths and weaknesses?

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Did you encounter any difficulties while leading this course? If so, what were they and how did you resolve them?

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Did you delete or add to any part of the course? If so, what and why?

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What changes, additions, or deletions would you like to make to this course?

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What additional support or information would you like in order to increase your effectiveness as a course leader?

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Any additional comments?

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