



FACILITATOR FEEDBACK FORM

Please complete this form at the conclusion of each parent program and return to the address provided below.

1. **Nobody's Perfect facilitator:** _____ **Nobody's Perfect co-facilitator:** _____
2. **Name of agency/organization sponsoring program:** _____
3. **Please indicate where your program was offered:**
CAPC project CPNP project AHS project Public Health department On-reserve
Family Resource Centre Newcomers/Immigrant Project Other; please specify: _____
4. **Community location:** _____
5. **Dates program delivered:** _____ **Number of sessions:** _____
Length of sessions (# of hours per week): _____
6. **Number of participants completing the program:** _____
7. **If you received a Nobody's Perfect grant, what was it used for? (check all that apply)**
Transportation Childcare Food Program materials Parent Kits
8. **Who are the primary participants in your program? (check all that apply)**
Aboriginal parents Teen/Young parents Newcomers to Canada Fathers
Other; please specify: _____
9. **What language(s) was your program provided in (including translators)?** _____
10. **How was your program provided to participants?** Group setting One-on-one
11. **Additional Comments (e.g., what worked, useful resources, what you will do differently next time, etc.):**
