



Facilitator Evaluation

Please select the program used:
 SunBeams
 Rainbows
 Spectrum

Please complete and return with your other evaluation forms at the end of your site's Rainbows cycle. Please feel free to jot your ideas down as you go. Your ideas and comments are very helpful and will aid in modeling the program to your needs. Thank you for your assistance.

1. Did you follow the suggested format for each meeting?
 Yes No *Please explain:* _____

2. Did your site offer Celebrate Me Day(s)?
 Yes No

3. What would you change or add to enhance the Celebrate Me Day experience? *(please check all that apply)*
 Length of day Longer Shorter Seems just right
 More activities More caregiver involvement Less activities
 Please list any other changes you would recommend: _____

4. Did the SunBeams/Rainbows/Spectrum program address the needs of your participants? *(please check Yes or No as applicable)*
 Yes No Yes No
 Program availability Individual losses were addressed
 Beneficial activities Sufficient number of meetings
 Other comments: _____

5. Considering these areas of improvement, please check any of those that apply to the participants at your site.
 Ability to share feelings Problem solving ability Social interaction with others
 Behaviour Self-esteem/Confidence Compassion toward others
 Communication
 Other improvements: _____

6. How would you rate the overall effectiveness of the SunBeams/Rainbows/Spectrum program with your participants? *(please check only one (1) answer)*
 Excellent, most effective Not particularly effective Unsure or unable to answer
 No particular effectiveness observed Did not observe an effective difference

7. Do you believe you were well prepared to complete your responsibilities as Facilitator?
 Yes No
 Please add any additional comments: _____

Coordinator Instructions: Fill in the details regarding your program schedule and then make copies for the Facilitators to complete.

Site Name: _____ Today's Date: _____	
City / Prov. / Postal Code: _____ Country: _____	
Coordinator Name: _____ Email: _____	
Our Rainbows Meetings ran from _____ to _____ <small>(mo/day/year) (mo/day/year)</small> Meetings were offered: Weekly Bi-weekly	Please list actual meeting dates here:

Please return to: Rainbows For All Children Canada
 239-80 Bradford Street Barrie, ON L4N 6S7
 Telephone: 1-877-403-2733
 Fax: 705-726-5805