Georgia College Outdoor Center at Georgia College

Facilitator Feedback

Program: VP Council						Date: 11/1/17		
Full Name of Facilitator: Rachel Nabors					Lead	Lead / Assist (circle)		
Completed by (please print):								
In what areas did the facilitator demonstrate the greatest competence and effectiveness to this program? How did he/she contribute to the overall success of this program?								
Nice showcasing of activity + still trowledge. Good personability with group.								
In what areas could this facilitator work to improve and/or strengthen his/her skills as an outdoor leader?								
More confidence! You know the stuff.								
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Quality Ratings	Strongly Agree	Agree	Somewhat Agree	Neutral	Somewhat Disagree	Disagree	Strongl Disagre	
Presented sequenced activities		V						
Clear communication		V		- 844 18				
Safety communicated prior and		,				-		
during		V						
Respectful of diversity								
Willingness to take responsibility		V						
Worked effectively with others		V					-	
Represented OC at GC in exemplary manner	1/							
Proper use of technical skills								
(specific to this program)								
Used good judgment								
(Please comment on the level of qualit in table above.)	y that your	co-facilitat	or demonstra	ted on this	course in sign	nificant area	s listed	
General Comments about facilitator	••							
Keep it up!								
Signature of facilitator being evaluated: Rallel Massos Date:								
Thank you for your participation in			helping this f r feedback! ©		row to be a st	ronger outd	oor	