Session Summary

Name of Session: ____________________________  Date: ___________

Name of Facilitator: ____________________________________________

Name of Agency: ________________________________________________

Number of Participants: __________________________________________
  Number of men: ___________________
  Number of women: ________________

Optional Questions

  What challenges did you face offering this session to your group?

  Do you have suggestions for improving the activities that you used?

  Which part of this session went particularly well with this group?

  What other comments do you have about this session?