



# 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?