

CLTS Form #4

District: _____

Facilitator Name: _____

Position/Department: _____

Phone Number: _____

Facilitator Evaluation

Village Triggered: _____

Date of Triggering: _____

Role for the Day: _____

1. Which facilitator did very well on your team today?

Where specifically did they do well? Why did they do so well (e.g. methods used, approaches tried, etc.)?

2. How did the community welcome CLTS (e.g. reactions, thoughts, feedback, etc.)?

3. What was not done well today?

4. What do you think should have been done today that was not done?

5. What were the specific challenges you faced?

How did you overcome these challenges?

6. What do you want to try differently next time?

7. Please share any interesting things that occurred today or any comments you have about CLTS (e.g. Stories from villagers, funny reactions to the triggering, ignition moments, etc.)
