

Leader Feedback Form

Leaders Names: _____

Location: _____

Dates: _____

1. **WHAT SQUARED (AGREED) WITH SOMETHING YOU ALREADY KNEW?**
2. **WHAT DID YOU SEE FROM A NEW ANGLE?**
3. **WHAT DID YOU LEARN THAT WAS NEW-COMPLETED A CIRCLE OF KNOWLEDGE?**
4. **WHAT NEW DIRECTIONS WILL YOU GO IN? WHAT ACTIONS WILL YOU TAKE?**

IN GENERAL, WITH REGARDS TO THE MEETINGS...

- 1. WHAT WENT WELL AND SHOULD BE REPEATED DURING THE NEXT 8 MEETINGS AND WHY?**

- 2. WHAT WOULD YOU CHANGE FOR THE REMAINING MEETINGS? EXPLAIN WHY AND RECOMMEND OPTIONS PLEASE**

- 3. PLEASE PROVIDE FEEDBACK FOR THE LEADERS-BY NAME!**

- 4. ANY OTHER COMMENTS:**