



## Project Firstline **Facilitator Toolkit**

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# Facilitator Self-Assessment

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Session Date and Time (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_ @ \_\_\_\_ a.m. or p.m.

Facilitator: \_\_\_\_\_

Topic: \_\_\_\_\_

**We invite you to record your self-assessment below.  
This information will assist you in improving future sessions.**

What worked well in this session?

What was challenging about this session?

Would you like to make any changes to the way you present this content next time?

Action steps before the next session: