

## Group Discussion Session Evaluation Form

Section	Details
<b>Intern Name:</b>	
<b>Date of Session:</b>	
<b>Discussion Topic:</b>	
<b>Evaluator Name:</b>	

### Evaluation Criteria

Criteria	Excellent (5)	Very Good (4)	Good (3)	Needs Improvement (2)	Unsatisfactory (1)
Contribution to discussion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of insights shared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Application of evidence-based practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interaction with peers and facilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### Comments and Feedback

- **Strengths:**

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- **Areas for Improvement:**

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**Signature of Evaluator:** \_\_\_\_\_