

**AVP/California OVERALL EVALUATION REPORT
for Prison and Community Workshops**

Location/Prison _____ Yard _____

Type of workshop _____ **Days of workshop (Sa/Su):** _____ **Starting date** _____

Lead facilitator : _____ Form filled out by _____

Other facilitators (Adjective and full name) Indicate I-inside; O-outside facilitators

Outside Participants, if any:

Total number of participants starting _____ completing _____

1. Factors that affected the workshop: Positive, negative and why?

2. Team functioning?

3. Interesting events and other comments

4. Comments of Post-workshop de-brief:

6. Class hours by participants: _____ hrs, not including meals

7. Lead facilitator comments on apprentice facilitators. This will be used in their final certification.

Within one week after workshop, attach and give to local council person keeping track of central file:

1. Participants' names, Adjective name and number. (For Community workshops: please enter names on AVPCalifornia.org database or send data to AVPpat@earthlink.net)

2. Email this form (AVPpat@earthlink.net and guramos@aol.com) **WITH** participant NAMES

or copy & mail to AVP/CA, PO Box 3294, Santa Barbara CA 93130