

# DrawBridge Facilitator Feedback Form

\_\_\_\_\_ 20\_\_

Site Name: \_\_\_\_\_

Completed By: \_\_\_\_\_

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*Please complete both sides of this form and return it with your invoice, reimbursements, and attendance sheets to DrawBridge by the 25<sup>th</sup>*

**Instructions:** Each week, please record your observations in the space below. What did you observe about your group? Describe the interactions that occurred with the children, with you, and with the volunteer(s). How did the children respond to the art materials presented this month? Were there any particular successes or challenges that stood out?

Week 1

Week 2

Facilitator Feedback continued:

Week 3

Week 4

**Notable Quotables**

*(from children, parents, shelter staff, and volunteers)*