**Evaluation Questionnaire (Staff)**

**Centre Name:**

**Name of Facilitator:**

**Date:**

1. Were you happy with the overall facilitation process? Is there anything you would like to have seen being done differently by the facilitator?

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1. Is there any aspect of the two-day CEIP Process that really worked well?

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1. Is there any aspect of the two-day CEIP Process that didn’t work well and you would

like to be done differently?

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1. Please comment on your overall personal experience of the evaluation and planning

process?

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1. Is there any particular challenges that you see in the developed actions being

implemented and monitored?

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1. Do you feel that the CEIP process that you engaged in, was a good use of your

personal time and the rest of the staff?

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1. Do you feel that that your views and recommendations were heard during the

process? If not, why not?

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1. Any other concluding comments that you would like to make?

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**Thanking you for your co-operation.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Optional**)