

## **Teens Stopping AIDS Workshop Facilitator Notes**

Facilitator name:

Session location:

Date of workshop:

Number of youth present:

What did you think was successful about this session?

What needs to be revised to make it more successful next time?

How do you think the participants viewed the workshop?

Were there any participant needs (such as questions or issues raised) that were not met by the curriculum?

What additional support do you need from PMI?

Other comments:

***Please fax or mail this form to the PMI office, fax 916-498-9582  
CSPC, Suite 203, 909 12th Street, Sacramento 95814***