



Freedom From Smoking® Facilitator Evaluation Form

Please print and complete this Facilitator Evaluation form immediately following each Freedom From Smoking® (FFS) clinic that you conduct. Please turn this form in to your local ALA office along with the clinic participant's registration forms and end of clinic questionnaires.

Facilitator Name: _____

Dates of clinic: _____

Location of clinic: _____

1. How long did it take to prepare for the FFS program? (estimate overall time spent on preparing for program)

2. How long did each session take you to complete (each session is designed to last 1 ½ - 2 hours)?

3. How many people attended?

Session 1 _____	Session 5 _____
Session 2 _____	Session 6 _____
Session 3 _____	Session 7 _____
Session 4 _____	Session 8 _____

4. In your opinion, what were the most effective recruitment methods to get participants into the FFS program?

5. List some of the barriers you encountered when implementing the FFS program:

6. List any costs you incurred when implementing the FFS program (costs for materials, travel, etc.):

7. Suggested changes to or comments about the program: