## LEADERS EVALUATION

Name:						_						
1. On a scale of 0 - 10, how well has the last term/session gone?												
Not at all	0	1	2	3	4	5	6	7	8	9	10	Extremely
2. What have been some highlights/what has worked well?												
3. What would you like to carry forward in future sessions?												
4. What ha	s been y	your lea	ast favo	urite el	ement'	?						
5. I believe better if:	session	s/youth	n nights	would	be							
6. Somethi	ng/a ski	ll I wou	ld like t	o perso	onally v	vork on	/grow r	next we	eek/nex	t term?	,	
7. Do you h	ave any	thing fo	urther to	o add?								



