



NTGPE GP Registrar Small Group Learning Feedback Form

Name:

Location:

Date:

Duration:

Topic:

Resource Person/s:

Facilitator:

Group Learning Objectives (LOs):

- 1.
- 2.
- 3.
- 4.

1. To what extent were the Learning Objectives (LOs) met:

	Not at All				Well Met	Comments
LO1	1	2	3	4		
LO2	1	2	3	4		
LO3	1	2	3	4		
LO4	1	2	3	4		

2. What new information or key insights did you gain from this session?

3. Are there any aspects of this topic you would like to further explore?
(And how might you do this)

4. Please rate the following:

	Poor	OK	Good	Excellent
--	------	----	------	-----------

Facilitator's contribution

Comments:

1	2	3	4
---	---	---	---

Resource person's contribution

Comments:

1	2	3	4
---	---	---	---

Materials/Resources provided

(if applicable)

Comments:

1	2	3	4
---	---	---	---

5. Would you recommend this session to other GP Registrars?

Any Other Comments?

It is suggested that a copy of your feedback form is kept in your portfolio

A copy of this form is available online at www.ntgpe.org in the Small Group Learning section