



Project Firstline

Facilitator Self-Assessment Form

Project Firstline Infection Control Training Toolkit



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention



PROJECT
FIRSTLINE

Facilitator Self-Assessment

Session Date and Time (MM/DD/YYYY): ____/____/____ @ ____ a.m. or p.m.

Facilitator: _____

Topic: _____

**We invite you to record your self-assessment below.
This information will assist you in improving future sessions.**

What worked well in this session?

What was challenging about this session?

Would you like to make any changes to the way you present this content next time?

Action steps before the next session: