

Anchored Life

Tier 2 Feedback

Learning Consultant Name: _____

Type of Training: _____ Date: _____

Location: _____

On a scale of 1 to 5 (1 not helpful to 5 extremely helpful), circle the number that best describes your response. Use the scale below to help you select your number.

I have a plan to implement at least one (1) Club Feature at my location.

- | | | | | |
|---|---|---|---|---|
|  |  |  |  |  |
| 1. I don't understand this. | 2. I need help with this. | 3. I'm not sure about this. | 4. I think I can do this. | 5. I've got this! |

A4L provides peer to peer support.

- | | | | | |
|---|---|---|---|---|
|  |  |  |  |  |
| 1. I don't understand this. | 2. I need help with this. | 3. I'm not sure about this. | 4. I think I can do this. | 5. I've got this! |

The Club Features support my location to help others.

- | | | | | |
|---|---|---|---|---|
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| 1. I don't understand this. | 2. I need help with this. | 3. I'm not sure about this. | 4. I think I can do this. | 5. I've got this! |

I can use one Club Feature to help others.

- | | | | | |
|---|---|---|---|---|
|  |  |  |  |  |
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Add any thoughts that you feel are important. Thank you!