**MDR 7 MDR Facilitator Self-Evaluation form**

Please take the time to reflect on the MDR conversation that you have recently facilitated. Please answer as honestly as possible and return the form to MDRadmin@truro.anglican.org

Thank you for all that you do in this ministry.

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| --- | --- |
| Your name: |  |
| Name of the Priest you met with: |  |
| Date of Review: |  |

|  |  |
| --- | --- |
| What went well, and why? |  |
| What didn’t go well, and why? |  |
| What (if anything) will you do differently next time? |  |
| How do you think the priest felt about the Review? |  |
| Any comments on the Review Summary Report, paperwork and/or MDR process? |  |

Thank you again for your help.