

GROUP FACILITATOR AUDIT CLINICAL SUPERVISION

Date: _____

Facilitator: _____

Lesson & Description:

Group Size/Location: _____

Co-Facilitator: _____

Evaluator: _____

	Y	N	N/A	COMMENTS:
Staff reviewed information from previous lesson.				
Staff corrected previous homework assignment, feedback addressed skill deficits and completeness.				
Staff provided instruction, modeling and skill practice in identifying thoughts, feelings, behaviors and consequences.				
Staff provided instruction, modeling and skill practice in alternative thinking (Problem Solving, Coping, Social Skills).				
Staff displayed knowledge of lesson content; provided personal examples and illustrations to explain concepts.				
Staff maintained group control, directed or re-directed as necessary to stay on track.				
Staff enforced group rules and imposed sanctions for violations.				
Staff encouraged group members to speak for themselves and express their opinions.				
Staff communicated that group members are responsible for identifying their patterns of thinking and choosing whether they will change these patterns.				
Staff elicited participants' points of view.				
Staff modeled a non-judgmental attitude and open-mindedness.				
Staff rewarded cooperation.				
Staff attempted to minimize conflict and competition.				

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	Y	N	N/A	COMMENTS:
Staff remained neutral and objective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff called upon each group member to participate in discussions and activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff rewarded class participation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Staff addressed signs of group boredom or disinterest by varying delivery style, introducing training aids and creative learning experiences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

QUALITY ASSURANCE SUMMARY

RECOMMENDATIONS:

Evaluator Signature/ Date

Facilitator Signature/ Date