

FACILITY: \_\_\_\_\_

**Cognitive Behavioral Programming Department  
PROGRAMMING FACILITATOR  
EVALUATION FORM**

Class Name: _____	Session Observed: _____
Date of Session Observed: _____	Length of Session: _____
Number of Participants: _____	Class Facilitator: _____
Criminogenic Need Met (if applicable): _____	

*Exceeds Expectations: Performance is better than expected for the task; Meets Expectations: Performance is expected for the task; Below Expectations: Performance is below the level expected for the task. Needs more training; Not Applicable: Skill not used during this session*

FACILITATION EVALUATION	Exceeds Expectations	Meets Expectations	Below Expectations	Not Applicable	COMMENTS
Provides information to the group in a clear and concise manner.					
Communicates to the participants in a respectful manner.					
Consistently follows outline and session topics for group.					
Is prepared for the lesson (flip chart, handouts prepared).					
Incorporates homework review (Do participants report out on homework verbally/in writing?).					
Models/Demonstrates skill first to participants.					
Involves all participants by practice of skills and role plays.					
Provides constructive feedback to participants.					
Assigns homework to allow for skill practice outside of classroom setting.					
Addresses anti-social behavior immediately.					
Corrects anti-social behavior immediately.					
Provides appropriate rewards for pro-social behavior in classroom setting.					

Areas of Strength: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Areas for training or growth: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_

Review Date: \_\_\_\_\_

Facilitator Signature: \_\_\_\_\_