

FACILITY: _____

CAMPUS: _____

PROGRAMMING EVALUATION FORM

*Reviews are to be done by Facility Directors/Designees a minimum of once per quarter for classes meeting a criminogenic need and one (1) time per fiscal year for classes not meeting a criminogenic need.
Complete one form for each programming class type being provided in the facility*

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 through role play.					
Provides constructive feedback to participants.					
Assigns homework to allow for skill practice outside of classroom setting.					
Addresses and/or corrects anti-social thinking and behavior immediately.					
Reinforces pro-social behavior in classroom setting.					
Class started when scheduled.					
Class ended when scheduled.					

Additional Comments: _____

The above observation was reviewed by the facilitator and observing staff on: Review Date: _____

Facilitator Signature: _____ Director/Designee Signature: _____

Program Manager Signature: _____ Review Date: _____