

TRAINING OBSERVATION FEEDBACK FORM

TRAINER'S NAME: _____

COURSE DATE: _____

COURSE NAME: _____

MENTOR'S NAME: _____

CONTENT

- Presented all relevant course content (e.g., course outcomes)
- Shared brief, pertinent stories and scenarios
- Stayed on the topic
- Covered all critical content points
- Explained concepts clearly and accurately
- Used segues/transitions between concepts
- Referred to all relevant resource materials
- Used person-centered language
- Promoted person-centered values

DESCRIBE STRENGTHS (✓) AND SUGGESTIONS FOR IMPROVEMENT (▲). REFER TO SPECIFIC BEHAVIORS & PHRASES:

FACILITATION

- Established and maintained credibility, and avoided "agency bashing"
- Demonstrated enthusiasm about content
- Used a clear, audible, pleasing voice, and gave clear instructions
- Maintained a comfortable facilitation flow
- Promoted participant involvement (asked open-ended questions, gave genuine feedback, etc.)
- Deferred to the group to encourage participant problem solving
- Tailored discussions and activities to meet participants' needs
- Appealed to a variety of learning styles (by using visual aids, etc.)
- Handled disruptions and challenging participants effectively

DESCRIBE STRENGTHS (✓) AND SUGGESTIONS FOR IMPROVEMENT (▲). REFER TO SPECIFIC BEHAVIORS & PHRASES:

TRAINING OBSERVATION FEEDBACK FORM (CONTINUED)

TRAINER'S NAME: _____

COURSE DATE: _____

COURSE NAME: _____

MENTOR'S NAME: _____

ADDITIONAL COMMENTS:

LEVEL OF CERTIFICATION

- Co-Facilitator Agency Trainer Regional Trainer Statewide Trainer

COMMENTS AND/OR ACTIONS NEEDED TO INCREASE LEVEL OF CERTIFICATION OR COMPLETE CERTIFICATION REQUIREMENTS:

I AM VERIFYING THE FOLLOWING:

- My mentor reviewed all of the information/comments on this observation feedback form with me.
- I understand the scope of my certification, as well as what actions are needed to increase my level of certification (if applicable).
- I understand what actions are required on my part to complete certification requirements.
- I have a copy of all course materials needed to facilitate the course identified above.
- I have signed a copy of the Training Code of Ethics.

WHEN ALL ITEMS ABOVE HAVE BEEN VERIFIED, PLEASE PUT YOUR SIGNATURE AND THE DATE BELOW (*NOTE – BOTH SIGNATURES ARE REQUIRED*):

Trainer: _____ Date: _____

Mentor: _____ Date: _____