

EMP/HSI
Facilitator Evaluation of Competency Monitoring Form

Instructions For Monitoring

PLEASE PRINT except for signatures, so that this monitoring form can be clearly understood by others. Please check the boxes indicating the ratings for the course content, presentation and satisfaction for the curriculum being presented. **Any information you give EMP Canada is confidential.** We ask you to be constructively frank in your comments. We will use the summary and comments to make any necessary improvements for the appropriate use of the EMP facilitator materials and the instructional techniques of the facilitator. Preview this document with the facilitator so that they are aware of what is to be expected.

TRAINING CENTRE _____ DATE ___/___/___
 TYPE OF CLASS _____ STUDENT TRAINING _____ FACILITATOR TRAINING _____
 Course Location _____
 Topic (s) Covered _____
 Start time _____ Finish time _____

Monitors Name _____ Registry # _____
 Facilitators Name (who is being evaluated) _____
 Facilitators Registry # _____

Classroom Management

Classroom

Equipment (enough mannequins, cleanliness etc).	
Space, Lay out for observation of students	
Safety of the facility and use of the training aids	

Times

Facilitators guide adhered to	
Breaks adhered to	
Course moves along at a good pace	

Students

Treated with respect	
Kept on track	
Relaxed, positive easy learning environment	
Facilitator provide positive reinforcement to the students	

Instructional Techniques**Lecture**

Points concise or missed	
Lesson plan	
Media use	
Correct content	
Intervention of <u>What if</u> questions	
Questions to and from students	

Practical instructional techniques

Real time demonstrations	
All students competencies observed on all practical components.	
Errors identified and corrected	
Student practiced enough rotations	

Student's Evaluation

Standards adhered to	
Applied consistently (same standards to all)	

Over all presentation	Poor	Average	Above average	Excellent
Knowledge, skill and experience of facilitator				
Facilitator's skill in making the information clear				
Appropriateness of time spent on sections				
Use of presentation aids, graphics, etc.				
Material presented was up-to-date				
Overall satisfaction with the facilitator				

Comments/ Recommendations: _____

Skills Summary		Monitors Signature
Competent level of knowledge , skill and experience shown by candidate		
Competent level shown by the candidate in making information clear to students		
Appropriateness of time spent on preparation of students was acceptable		
Appropriate level of competency shown for the overall flow and time spent on each of the evaluations and debriefing		
Classroom setup and overall ability to facilitate evaluation was acceptable		
Competent level of understanding of the program policies and procedures		
Safety within the class and appropriate use of training equipment was demonstrated		

Overall Satisfaction with the Facilitator:

Post Evaluation Discussion

Discussed by facilitator and Monitor yes no
Comments _____

Accepted by facilitator yes no
Comments _____

Facilitator's name _____ Signature _____ Date _____

Monitors name _____ Signature _____ Date _____

Monitor Evaluation by the facilitator

(To be completed by facilitator after the post evaluation discussion)

Pre-course discussion

Monitoring process make clear	
Lesson plan reviewed prior	

Monitoring process

Non-threatening environment	
No class interference	

Post-course discussion

Objective evaluation	
Positive corrective feedback	
Results will assist progress	
My opinion respected	

General comments and recommendations _____

Post monitor evaluation discussion

The monitor evaluation results were discussed by facilitator and monitor. Yes _____ no _____

Comments _____

Accepted by monitor. Yes _____ no _____

Comments _____

Facilitator's name _____ Signature _____ Date _____

Monitors name _____ Signature _____ Date _____