

AGGRESSION REPLACEMENT TRAINING FACILITATOR OBSERVATION FORM

Program:	County:	Lead Facilitator:	Co-Facilitator:
Date Observed:	Week # and Title:		
# of Participants:	Observer:	Start Time:	End Time:

FACILITATION EVALUATION	YES	NO	COMMENTS
1. Two facilitators present.			
2. Attendance sheet maintained.			
3. Is prepared for the lesson? (flip chart, overheads and handouts)			
4. Group rules posted in room and reviewed.			
5. Homework was reviewed at beginning of group. (Do all participants report out on homework?)			
6. Correctly Models/Demonstrates skill first to participants.			
7. Role plays observed. (Do all participants conduct a role play correctly?)			
8. Participants were assigned skill steps to observe each role play.			
9. Role play feedback order facilitated correctly. (Co-actor, group members, main actor, co-facilitator, and facilitator)			
10. Provides appropriate reinforcement for pro-social behavior in group setting.			
11. Addresses issues of non-compliance immediately (i.e. no homework, late, unprepared).			
12. Identifies/corrects anti-social behavior immediately.			
13. Provides information to the group in a clear, concise manner.			
14. Maintains objectivity/ non-judgmental.			
15. Follows manual for the group. (Did facilitator have manual out?)			

Facilitator Strengths: _____

Recommendations for Facilitator: _____

Additional Comments: _____

Was information from the observation shared with the facilitator and/or co-facilitator following group? Yes No

Observer Signature: _____

Date: _____