

QUALITY CONTROL DOCUMENT FOR ASSESSMENT OF TRAINER INVOLVED IN DELIVERY OF TRAINING ACTIVITIES

ASSESSMENT FORM FOR THEORY SESSION

Name of Instructor/Trainer :

Topic delivered :

Date :/...../.....

Class :

		Poor	Weak	Fair	Satis factory	Good	Very good
		0	1	2	3	4	5
Introduction	Was the attention of the students obtained quickly and the purpose of the theory lesson established ?						
Pace of the Lesson	Was the pace adjusted to the needs of the students.						
Students Participation	Were the students actively involved during the lecture period. Did the Trainer makes use of Q & A techniques to ensure participation of the students.						
Lesson structure	Did the Trainer developed his lesson using the appropriate sequence that allows students to follow the lecture ?						
Verbal Communication	Was the language used for delivery of the lesson, clarity & pitch of voice, speed of delivery , body language effective etc.						
Feedback	Did the Trainer pay attention to the effect his lesson was having on the students attending the class ?						
Use of Teaching aids	Was the Trainer skilful in the use of teaching aids and did the aids help improve the overall delivery of the session.						
Emphasizing important points	Trainer using proper techniques for laying emphasis on important points of the subject matter.						
Class Management	Was the Trainer having control of the class during delivery of the theory session.						

Conclusion of the lesson	The conclusion of the subject matter was related to past/future work.						
Overall theory session effectiveness	What was your overall impression of the effectiveness of the theory session ?						

TRAINERS THEORY LESSON FORMATIVE EVALUATION

NAME OF INSTITUTION :

DEPARTMENT :

COURSE TITLE :

SUBJECT/MODULE :

OUTCOME TITLE :

NAME OF LECTURER/TRAINER : Mr/Mrs/Miss

TOPIC/CHAPTER :

CLASS : DATE :/...../.....

OBSERVER : Mr/Mrs/Miss

Comments and Suggestions

A. Good Points

.....
.....
.....

B. Weak points

.....
.....
.....

C. Overall Evaluation

.....

.....
.....

D. Suggestions for Improvement

.....
.....
.....

Name of Resource Person :

Resource Person Signature :

Acknowledged by Trainer :

Date :/...../.....