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

ASSESSMENT FORM FOR PRACTICAL 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 demonstration quickly established ?						
Pace of the Demonstration	Did the pace match to the need of the class .						
Trainer's Technical ability	Did the Trainer make proper use of tools and materials ?						
Sequence	Did the Trainer use the correct sequence in the demonstration ?						
Emphasis on important points	Did the Trainer emphasize important point ?						
Communication Skills	Rate of delivery and pitch of voice, use of Q & A appropriate grouping of students etc.						
Coordination of performance , explanation and class management	Demonstration , explanation, participation of students thro' Q & A techniques, eye contact , control over students whilst demonstrating.						
Feedback	Were students invited to perform , appraise one or more operations of the demonstration ?						
Supervision	Did the Trainer diagnose individual problems and offered appropriate guidance ?						
Environmental Control	Was the Trainer in control of the whole learning environment ?						
Overall Practical session effectiveness	What was your overall impression of the effectiveness of the practical session .						

TRAINERS PRACTICAL 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**

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B.   **Weak points**

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C.   **Overall Evaluation**

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D. Suggestions for Improvement

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Resource Person Name : …………………………………………

Resource Person Signature : ………………………………..

Acknowledged by Trainer : …………………………………

Date : ……./……../………..