**ONSITE MONITORING AND EVALUATION WITH CRITICAL INCIDENT REPORT**

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| **BASIC INFORMATION** | | | | | | |
| REGION: | | |  | | | |
| DIVISION: | | |  | | | |
| LEARNING SERVICE PROVIDER: | | |  | | | |
| ACTIVITY/EVENT MONITORED: | | |  | | | |
| ADDRESS: |  | | | | | |
| INCLUSIVE DATES: | | **From** | | Click here to enter a date. | **To** | Click here to enter a date. |
| DATE MONITORED: | | | Click here to enter a date. | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **No. of Trainers and No. of Participants** | | | | | | | |
| Area of Focus  (Can be learning area, Division, Class, etc.) | **Participants** | | | | **Trainers** | | |
| **Male** | **Female** | **TOTAL** | **Male** | | **Female** | **TOTAL** |
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|  |  |  |  |  | |  |  |
| **OVERALL TOTAL** |  |  |  |  | |  |  |

Please rate the conduct of the program delivery along the following areas.

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| --- | --- | --- | --- | --- |
| **Activities** | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 1. **Conduct of the Program Delivery (Daily Monitoring)** | | | | |
| **1. Operational concerns** | | | | |
| * Activities start and end according to schedule | **☐** | **☐** | **☐** | **☐** |
| * Attendance is systematically monitored and should reflect gender/sex | **☐** | **☐** | **☐** | **☐** |
| * Modifications in activities and schedule are consulted with the participants and are given ahead of time | **☐** | **☐** | **☐** | **☐** |
| * Provision of the following consistently follows agreed standards | **☐** | **☐** | **☐** | **☐** |
| * Food | **☐** | **☐** | **☐** | **☐** |
| * Training Venue | **☐** | **☐** | **☐** | **☐** |
| * Accommodation | **☐** | **☐** | **☐** | **☐** |
| * Medical personnel and medical provisions for emergencies e.g. common medicines, first aid kit, are available | **☐** | **☐** | **☐** | **☐** |
| * Training/Learning materials are available and adequate | **☐** | **☐** | **☐** | **☐** |

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| Activities | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| 1. **Conduct of the Program Delivery (Daily Monitoring)** | | | | | |
| **1. Operational concerns** | | | | | |
| * Support materials and equipment are available and serviceable | **☐** | **☐** | **☐** | **☐** |
| * Issues and possible courses of action are identified in the briefing and debriefing sessions | **☐** | **☐** | **☐** | **☐** |
| * Ground rules were clear and compliance was monitored | **☐** | **☐** | **☐** | **☐** |
| **2. Sessions and Trainers** | | | | |
| * The trainers used the approved resource package (session guide, power point presentation, video presentations, etc.) | **☐** | **☐** | **☐** | **☐** |
| * Trainers and sessions are evaluated using standard tools | **☐** | **☐** | **☐** | **☐** |
| * Participants were given competency assessment before and after the session/s, if applicable | **☐** | **☐** | **☐** | **☐** |
| * The expected outputs are gathered and properly accounted for | **☐** | **☐** | **☐** | **☐** |
| * Accomplished evaluation tools are collected from participants immediately for processing and feedback | **☐** | **☐** | **☐** | **☐** |
| * Feedback is given as may be needed | **☐** | **☐** | **☐** | **☐** |
| 1. **Post Program Activities (At the end of the Program)** | | | | |
| **1. Certification of Participants** | | | | |
| * Certification is conferred upon completion of the program and upon satisfaction of requirements | **☐** | **☐** | **☐** | **☐** |
| * Certification is issued at the end of the program | **☐** | **☐** | **☐** | **☐** |
| **2. Program Evaluation** | | | | |
| * Program evaluation is administered immediately after the last session | **☐** | **☐** | **☐** | **☐** |
| * Results of the evaluation is used and incorporated in the End of the Program Report | **☐** | **☐** | **☐** | **☐** |
| * The participants were given assessed as regards their learning (Rapid Competency Assessment) | **☐** | **☐** | **☐** | **☐** |

**CRITICAL INCIDENTS:** If you have encountered any remarkable event/situation (either positive or negative) that needs to be detailed here, please accomplish the **STAR** form. You may need extra sheets to accomplish this.

**S**ituation/**T**ask- Describe the specific situation and/or task that needed to be accomplished.

**A**ction – Describe how the person/s or the team responded to the situation or acted on the task at hand.

**R**esult – Describe the effect of the action or lack of action.

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| General Comments/Observations/Recommendations: |
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| --- | --- | --- | --- | --- |
| Name and Signature of Evaluator: | |  | | |
| Date Evaluated: | Click here to enter a date. | |  |