**SESSION EVALUATION TOOL**

*(To be administered every after a session)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Session Topic:** | | | | |  | |
|  | | |  | | | |
| **Session Facilitator:** | | | |  | | |
|  | **Date:** | Click here to enter a date. | | | |  |

**Directions:** Rate the session and the facilitator using the rating scale. Put a check/tick under the column of your response.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SESSION: In this session…** | **Strongly Agree** | **Agree** | **Disagree** | **Strongly Disagree** |
| **4** | **3** | **2** | **1** |
| 1. the topic was relevant to our work | **☐** | **☐** | **☐** | **☐** |
| 1. the session was well-planned | **☐** | **☐** | **☐** | **☐** |
| 1. the objectives of the session were achieved | **☐** | **☐** | **☐** | **☐** |
| 1. the time allotment for the topic was adequate | **☐** | **☐** | **☐** | **☐** |
| 1. the activities were appropriate for adult learners | **☐** | **☐** | **☐** | **☐** |
| 1. time to start and to end was observed | **☐** | **☐** | **☐** | **☐** |
| 1. the learning materials were adequate and relevant | **☐** | **☐** | **☐** | **☐** |
| 1. the support materials were adequate | **☐** | **☐** | **☐** | **☐** |
| 1. the participants were able to demonstrate their learning | **☐** | **☐** | **☐** | **☐** |
| **FACILITATOR: The facilitator…** | | | | |
| 1. exhibited full grasp of the topic | **☐** | **☐** | **☐** | **☐** |
| 1. was sensitive to the participants’ mood | **☐** | **☐** | **☐** | **☐** |
| 1. deepened learning by processing activities and asking stimulating questions | **☐** | **☐** | **☐** | **☐** |
| 1. maintained positive learning environment | **☐** | **☐** | **☐** | **☐** |
| 1. expressed ideas clearly | **☐** | **☐** | **☐** | **☐** |
| 1. used appropriate trainings aids | **☐** | **☐** | **☐** | **☐** |
| 1. observed appropriate attire | **☐** | **☐** | **☐** | **☐** |
| 1. was able to firm up attainment of objectives of the session | **☐** | **☐** | **☐** | **☐** |

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| Comments and Suggestions to Improve the Session: |
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| Evaluated by: | | | | | | |
| Name and Signature (Optional): | | |  | | | |
| School: | | *Optional* | | | Division/ Region: |  |
| Date: | Click here to enter a date. | | |  | | |