**QAME FORM 1 TOOL**

*(This form is to be accomplished by Program Management monitors on a daily basis. Evaluations are to be validated with the session-facilitator evaluation of participants. The results will be the basis for the debriefing sessions for action by the management team.)*

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| **GENERAL INFORMATION** | | **CLUSTER** |  |
| PROGRAM/ACTIVITY  MONITORED |  | LEARNING AREA |  |
| REGION |  | CLASS SECTION/s  Monitored |  |
| DIVISION |  | NUMBER OF  PARTICIPANTS |  |
| LEARNING SERVICE  PROVIDER |  | NUMBEROF  TRAINERS |  |
| VENUE |  | DATE MONITORED |  |
| INCLUSIVE DATES |  |  | |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Standards** | **Strongly**  **Disagree** | **Disagree** | **Agree** | **Strongly**  **Agree** |
| **1. Schedule and Participant Management** |  |  |  |  |
| Maximum of 60participants per class |  |  |  |  |
| Program started according to schedule |  |  |  |  |
| Program ended according to schedule |  |  |  |  |
| Attendance is systematically monitored |  |  |  |  |
| Ground rules were clear |  |  |  |  |
| Compliance of ground rules was monitored |  |  |  |  |
| Modifications in activities and schedule are consulted with the participants |  |  |  |  |
| Modifications in activities and schedule are given ahead of time |  |  |  |  |

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| **2.TrainingSite/Venue** | |  | |  | |  | |  |
| Adequately lit | |  | |  | |  | |  |
| Well ventilated | |  | |  | |  | |  |
| Adequate sound proofing | |  | |  | |  | |  |
| Comfortable temperature | |  | |  | |  | |  |
| With sufficient space | |  | |  | |  | |  |
| Clean | |  | |  | |  | |  |
| Clean comfort rooms | |  | |  | |  | |  |
| Equipment were serviceable | |  | |  | |  | |  |
| Internet access was usable | |  | |  | |  | |  |
| Medical care was available e.g. commonmedicines, first aid | |  | |  | |  | |  |
| **3.Accommodations** |  | |  | |  | |  | |
| With sufficient space |  | |  | |  | |  | |
| Clean |  | |  | |  | |  | |
| Clean comfort rooms |  | |  | |  | |  | |
| Facilities were in good working order |  | |  | |  | |  | |
| **4. Meals** |  | |  | |  | |  | |
| Good Quality |  | |  | |  | |  | |
| Sufficient Quantity |  | |  | |  | |  | |
| Generally Healthy |  | |  | |  | |  | |
| Good Variety |  | |  | |  | |  | |
| Meals served on time |  | |  | |  | |  | |
| **5.ProgramManagementTeam** |  | |  | |  | |  | |
| Available when needed |  | |  | |  | |  | |
| Courteous |  | |  | |  | |  | |
| Efficient |  | |  | |  | |  | |
| Responsive to needs of participants |  | |  | |  | |  | |
| Conducted daily debriefing sessions |  | |  | |  | |  | |
| Resolved/addressed issues raised in debriefing sessions |  | |  | |  | |  | |
| 6.SessionsandTrainers |  | |  | |  | |  | |
|  The trainers used approved resource package (session guide, slide presentation, video) presentations,etc.) |  | |  | |  | |  | |
| Training/learning materials were  adequate |  | |  | |  | |  | |
| Training/learning materials were  Given on time |  | |  | |  | |  | |
| Supplies were available |  | |  | |  | |  | |
| Supplies were in good condition |  | |  | |  | |  | |
| 7.QAME SYSTEM |  | |  | |  | |  | |
|  A quality assurance and monitoring and evaluation system was in place |  | |  | |  | |  | |
| At least one (1) monitor was  assigned per class |  | |  | |  | |  | |
| Data gathered was used to inform  Management |  | |  | |  | |  | |
| Issues discussed in debriefing  Sessions were resolved |  | |  | |  | |  | |

**Comments and Suggestions:**

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**CRITICAL INCIDENTS:** If you have encountered any remark able event / situation (either positive or negative), please accomplish the **STAR** form.

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

**A**ction –Describe how the persons/team responded to or acted on the situation

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

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| **SITUATION/TASK** | **ACTION** | **RESULT** |
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**Processor/Reviewer**

(signature over printed name and position)

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Date