

TRAINING CENTRE _____ FACILITATOR _____

DATE ____/____/____ TYPE OF CLASS: _____

Student Training Instructor training

EMP Canada Evaluators Name _____ Evaluators Registry # _____

INSTRUCTIONS

Please complete the section above, being sure to indicate the training centre, facilitator's name, the level of training being conducted and the date of the class. Please check the boxes below indicating the ratings for course content, presentation, and satisfaction with the use of MFA educational materials. Any information you give EMP Canada is confidential. We ask you to be constructively frank in your comments. We will use the summary and comments to make any necessary improvements for the appropriate use of the MFA instructional materials and the instructional techniques of the Facilitator. **PLEASE PRINT** your comments.

Facilitation and Skills Competency	Comments			
1. Not competent to instruct without extensive further training:				
2. Not competent to instruct without further training:				
3. Competent to instruct - moderate further training required:				
4. Competent to instruct - brief further training required:				
5. Fully Competent to instruct:				
Presentation	Poor	Average	Above Average	Excellent
1. Knowledge, skill and experience of facilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Facilitator's skill in making the information clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Appropriateness of time spent on sections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Use of presentation aids, graphics, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Material presented was up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Overall satisfaction with the facilitator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning Environment & Training Aids				
1. Control of the learning environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Relaxed, Positive, easy learning environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Facilitator respond correctly to problems and questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Facilitator provide positive reinforcement to the students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Safety of the facility and use of the training aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Overall satisfaction with the learning environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Questions (please use back of this form if necessary)

1. Would you recommend this facilitator to others looking for MEDIC FIRST AID training? Yes No
 comments _____

2. What improvements (if any) would you like to see made to the facilitators presentation of content to make the learning process more beneficial? _____

EMP Canada

FACILITATOR EVALUATION

ORGANIZATION _____ TRAINER _____

DATE ____/____/____

FACILITATOR DEVELOPMENT TRAINING

Candidate Name _____

INSTRUCTIONS

Please complete the section above, being sure to indicate the date when the class monitoring process took place. Please check the boxes below indicating the ratings for presentation, and satisfaction with the abilities of the Candidate. Any information you give EMP Canada is confidential. We ask you to be constructively frank in your comments. EMP Canada will keep the summary in the candidates file as a permanent record within the EMP Canada facilitators registry.. **PLEASE PRINT** your comments.

Skills	<input type="checkbox"/>	Evaluator Trainer's Signature
1. Competent level of knowledge, skill and experience shown by candidate		
2. Competent level shown by the candidate in making information clear to students		
3. Appropriateness of time spent on preparation of students was acceptable		
4. Appropriate level of competency shown for the overall flow and time spent on each of the evaluations and debriefing.		
5. Classroom setup and overall ability to facilitate evaluations was acceptable		
6. Competent level of understanding of the program policies and procedures		
7. Safety within the class and appropriate use of training equipment was demonstrated		
8. Overall satisfaction with the candidate. Please provide comments: _____ _____ _____ _____		