## Trainer Self and Session Evaluation

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| **Trainer**  (Name of TAE student) | |  | | | | |
| **Topic of Training Session 1** | |  | | **Date** |  | |
| **Topic of Training Session 2** | |  | | **Date** |  | |
| **PARTICIPANTS (General Information)** | | | **Outline any special learner characteristics** | | | |
| GENDER  Male   Female  Unspecified | | AGE GROUPS  <12 years old  12-19 years old   18-45  46-65 years old  Over 65 years old |  | | | |
| **DELIVERY** (Please check the appropriate box):  **Did you:** | | | | | | |
| Yes No N/A  Yes No N/A  Yes No N/A  Yes No N/A  Yes No N/A  Yes No N/A  Yes No N/A  Yes No N/A  Yes No N/A  Yes No N/A  Yes No N/A  Yes No N/A  Yes No N/A  Yes No N/A  Yes No N/A  Yes No N/A  Yes No N/A  Yes No N/A  Yes No N/A  Yes No N/A | Arrive early enough to arrange the room as wanted it?  Ensure a safe learning environment  Introduce yourself  Introduce the subject clearly  Communicate the learning outcomes/objectives  Establish rapport and put learners at ease  Engage the learners  Develop content in a logical manner  Allow time for questions/open discussion  Did encourage and ask questions during the session?  Was your language level suitable?  Did you explain complicated terms and ideas?  Did your visual aids complement what you were saying?  Did you actively involve the audience in the session?  Did the group exchange of ideas and experience?  Confirm the learning outcome(s)  Summarise at the end  Link to future training  Give and ask for feedback  Meet the needs of the learners | | | | |
| **What resources did you use?** | | Whiteboard  Flipchart  Chart/Poster  Internet  Computers  Handouts/Activity Sheets  Video/Film  Audio  Photographs  Other….. | | | | |
| **How did you contextualize the training for the participants?** | |  | | | | |

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| **How would you rate your participants’** | **Strong** | **Considerable** | **Slight** | **Minimal** | **Could not judge** | |
| Attention and interest |  |  |  |  |  | |
| Questioning/participation in discussion |  |  |  |  |  | |
| Extension of knowledge |  |  |  |  |  | |
| Improvement in skills |  |  |  |  |  | |
| Change of attitude |  |  |  |  |  | |
| **With a similar group next time would you:** | | | | | | |
| Increase or decrease the delivery time | Yes No | Modify sections of the delivery | | | Yes No | |
| Change your vocal volume, pace, tone | Yes No | Alter the resources used | | | Yes No | |
| Give greater opportunity for learner participation | Yes No | Allow more time for discussion | | | Yes No | |
| Change the venue | Yes No | Improve the summary | | | | Yes No |
| **Provide details for any area of the training you would change:** | | | | | | |
| **What did you do well as a trainer?** | | | | | | |
| **What would you like to improve upon?** | | | | | | |