

Facilitator Observation Checklist

Observer Information

- **Observer Name:**
- **Date of Observation:**
- **Location:**
- **Time:**
- **Role/Position:**

Observation Criteria

Facilitation Criteria	Yes	No	N/A	Comments/Notes
Clarity of instructions provided				
Engages participants actively				
Manages time effectively				
Responds to participant questions				
Creates an inclusive environment				
Keeps group focused on objectives				

Encourages constructive discussions				
Summarizes key points effectively				
Exhibits adaptability and flexibility				
Demonstrates subject knowledge				

Overall Facilitation Rating

Provide an overall rating based on observed facilitation skills:

- **Rating Scale (e.g., 1–5):**
 - **1** - Needs Improvement
 - **2** - Below Average
 - **3** - Satisfactory
 - **4** - Good
 - **5** - Excellent
- **Overall Rating:**

Comments and Recommendations

Include observations and any suggested improvements for facilitating sessions.