### horizontal line**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.