**Name of TFM: District:**

**Batch: Period of Evaluation:**

|  |
| --- |
| **FACILITATOR SKILLS:**  |
| **1. Name of Trainer/Facilitator:**  | **Date of Training:**  |
| **Area of Observation** (**🗸**) | **Excellent** | **Good** | **Moderate** | **Poor** | **Very Poor** |
| i) Presentation/facilitation skills & creativity |  |  |  |  |  |
| ii) Pronunciation |  |  |  |  |  |
| iii) Knowledge on subject matter |  |  |  |  |  |
| iv) Concentration in related topics/subject |  |  |  |  |  |
| v) Involve participants with interactive subject related discussion |  |  |  |  |  |
| vi) Ability to respond to participants’ questions properly |  |  |  |  |  |
| vii) Brought excitement and enthusiasm through entertainment like real life example or knowledgeable learning story |  |  |  |  |  |
| viii) Taking feedback from participants on respective class |  |  |  |  |  |
| ix) Summarize training session |  |  |  |  |  |
| x) Percentage (%) of irrelevant (Out of respective class) discussion |  |
| xi) Time management |  |  |  |  |  |