**Facilitator Evaluation**

|  |  |  |
| --- | --- | --- |
| **Session Number** | **Book, family activity & adult activity completed**(this is for your tracking only – you do not have to complete this) | **Date Completed**dd/mm/yyyy |
| Session #1 |  |  |
| Session #2 |  |  |
| Session #3 |  |  |
| Session #4 |  |  |
| Session #5 |  |  |
| Session #6 |  |  |
| *Additional Sessions* |
|  | Reason for additional session | Date completeddd/mm/yyyy |
| Session #7 |  |  |
| Session #8 |  |  |
|  |  |  |

Please complete the table below.

**Complete this section upon completion of the program:**

Adult learner reported using foundational skills in their everyday lives? (1.2a) Y N

Comments:

Adult learner reported making progress towards, or meeting, their learning goal(s)? (1.2b) Y N

Comments:

Adult learner demonstrated increased self-confidence? (1.2c) Y N

Comments:

Adult learner felt the program was relevant to their needs and goals?(2.2a) Y N

Comments:

**Facilitator Observations:**

|  |
| --- |
| **Date:** |
| Observations: |
| Referrals made: | What was the result:Heard back? Y N Value Received? Y N |
| **Date:** |
| Observations: |
| Referrals made: | What was the result:Heard back? Y N Value Received? Y N |
| **Date:** |
| Observations: |
| Referrals made: | What was the result:Heard back? Y N Value Received? Y N |
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| Referrals made: | What was the result:Heard back? Y N Value Received? Y N |