

Appendix D. Process Evaluation Facilitator Session Log

Form Approved
OMB No. 0990-
Exp. Date XX/XX/20XX

Facilitator Session Log

Implementing Organization: [IO NAME]

Curriculum: [CURRICULUM]

Site Name: _____

Session # [SESSION NUMBER]

Session Name: [SESSION NAME]

IMPORTANT: Please complete one form for each class of each session taught, even if you teach the same session for more than one group of students.

ALTERNATE INSTRUCTIONS (TO BE DETERMINED FOLLOWING CONSULTATIONS WITH THE IOs):
For your [Target Class], selected by the [program administrator], please complete one form for each session taught.

Session Date (MM/DD/YYYY): ____ / ____ / 2019w

Start Time: _____ AM/PM **End Time:** _____ AM/PM

Facilitator Name: _____

Attendance form attached? Yes

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

The valid OMB control number for this information collection is 0990-xxxx. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

1.

Please indicate if you completed the following activities during this session. If you completed the activity, but made changes to either the content or the instructional technique, please select "Yes, with changes"

| Activity | Yes | Yes, with changes | No |
|--------------------------------------|--------------------------|--------------------------|--------------------------|
| a. [ACTIVITY SPECIFIC TO CURRICULUM] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. [ACTIVITY SPECIFIC TO CURRICULUM] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. [ACTIVITY SPECIFIC TO CURRICULUM] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. [ACTIVITY SPECIFIC TO CURRICULUM] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. [ACTIVITY SPECIFIC TO CURRICULUM] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. [ACTIVITY SPECIFIC TO CURRICULUM] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. [ACTIVITY SPECIFIC TO CURRICULUM] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. [ACTIVITY SPECIFIC TO CURRICULUM] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. [ACTIVITY SPECIFIC TO CURRICULUM] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. [ACTIVITY SPECIFIC TO CURRICULUM] | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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• **Were any changes made to the session content compared to what is in the facilitator manual?**

Yes

No

IF YES:

a. What content from the manual was skipped?

b. What content was added (if any)?

Instructional techniques include lectures, role playing, small group discussions, quizzes, and class projects.

Did you use instructional techniques that are different from what is in the facilitator manual?

3. For example:

- a. Did you use any additional instructional techniques compared to what is in the facilitator manual?
- b. Did you omit any of the instructional techniques suggested by the facilitator manual?
- c. Did you change the way the techniques were implemented, compared to what is in the manual?

Yes

No

IF YES:

a. What instructional techniques were different than indicated in the facilitator manual?

b. What were the reasons for these changes?

4. **Did any of the following situations interfere with your ability to [facilitate/teach] the session?**

| | Yes | No |
|--|--------------------------|--------------------------|
| Not enough time to cover the material. | <input type="checkbox"/> | <input type="checkbox"/> |

| | Yes | No |
|---|--------------------------|--------------------------|
| I did not have the needed materials. | <input type="checkbox"/> | <input type="checkbox"/> |
| Students were distracted (e.g., by their phones, by other students, or something else). | <input type="checkbox"/> | <input type="checkbox"/> |
| I was uncomfortable discussing some of the topics. | <input type="checkbox"/> | <input type="checkbox"/> |
| Students were uncomfortable discussing some of the topics. | <input type="checkbox"/> | <input type="checkbox"/> |
| Some part(s) of the session was difficult for students (e.g., [ACTIVITY SPECIFIC TO CURRICULUM]). | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (IF YES, please specify): _____ | <input type="checkbox"/> | <input type="checkbox"/> |

5. Did you receive assistance from anyone in teaching this session?

Yes
 No → SKIP TO 6

IF YES:

5a. For each person who helped you teach this session, please list their regular job title or role (e.g., guidance counsellor, social services representative), the activity they assisted with (e.g., presenting part of the session, taking attendance), and estimate the amount of time spent. Please do not include the session observer.

| Assistant's Regular Job Title or Role | Activity assisted with during the session | Estimated amount of time assisting |
|---------------------------------------|---|------------------------------------|
| | | _____ minutes |
| | | _____ minutes |

6. How engaged were the students, on average, in today's session?

Fully engaged
 Almost fully engaged
 Somewhat engaged
 Barely engaged

7.

How well do you think the students understood today's session material?

- Excellent/complete understanding
- Good
- Fair
- Poor understanding

8.

Please mark the response that best describes students' engagement in today's session.

| How many students appeared engaged in ... | None | Some students (1 - 49%) | Most students (50 - 99%) | All students | NA-Component not implemented |
|---|------|-------------------------|--------------------------|--------------|------------------------------|
| a. [CONCEPT SPECIFIC TO CURRICULUM] | | | | | |
| b. [CONCEPT SPECIFIC TO CURRICULUM] | | | | | |
| c. [CONCEPT SPECIFIC TO CURRICULUM] | | | | | |
| d. [CONCEPT SPECIFIC TO CURRICULUM] | | | | | |
| e. [CONCEPT SPECIFIC TO CURRICULUM] | | | | | |
| f. [CONCEPT SPECIFIC TO CURRICULUM] | | | | | |
| g. [CONCEPT SPECIFIC TO CURRICULUM] | | | | | |
| h. [CONCEPT SPECIFIC TO CURRICULUM] | | | | | |

9.

Overall, how do you think today's session went in terms of your facilitation and the participation of the students?

- Excellent
- Good
- Fair
- Poor

Thank you for assisting us!