

# FACILITATOR'S EVALUATION SHEET – COMPASS PROGRAM

We ask that you take a few moments to fill out this evaluation, as it will be used by Forward Step staff for program evaluation and tracking, supporting us in program development. Please write on the back of the sheets if you need extra space. If you have any questions, please contact Bibi Caspari, Executive Director of Forward Step, at (323) 660-3027. Thank you. We value your feedback and support.

Date: \_\_\_\_\_

Facilitator's Name: \_\_\_\_\_ Organization: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_ 2<sup>nd</sup> Phone: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

## SECTION I: DEMOGRAPHICS & IMPLEMENTATION

What is the ethnic composition of your COMPASS program participants? (An estimate)

African-American \_\_\_\_\_% Hispanic/Latino \_\_\_\_\_% White \_\_\_\_\_% Other (please specify) \_\_\_\_\_%

Mixed Race \_\_\_\_\_% Native American \_\_\_\_\_% Asian \_\_\_\_\_%

What is the age range of program participants? \_\_\_\_\_

What is the percentage of male and female participants? Males \_\_\_\_\_% Females \_\_\_\_\_%

Please list the main metropolitan/geographical areas where COMPASS participants are from (estimate):

\_\_\_\_\_

Further description of the population participating in the COMPASS program: \_\_\_\_\_

\_\_\_\_\_

Date started using COMPASS: \_\_\_\_\_ Which curriculum are you using? TEEN ADULT

# of groups simultaneously using COMPASS: \_\_\_\_\_ Average # of participants per group: \_\_\_\_\_

Schedule of using COMPASS curriculum (Average # of sessions per week per group): \_\_\_\_\_

If multiple groups, does each group follow the same schedule? YES or NO Explain: \_\_\_\_\_

\_\_\_\_\_

Did you use COMPASS only ONCE (one complete cycle of all the sessions)? ONGOING (having one complete cycle of all the sessions followed by another cycle)? or VARIABLY? Explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you implement COMPASS in its entirety, using the whole curriculum, or did you choose specific sessions to use with the participants? Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SECTION II: PARTICIPANT REACTION

Using a scale of 1-5, with 5 as the most positive, please circle the appropriate rating. Please feel free to make additional comments on the back of the sheet.

<b><u>Participant Attentiveness</u></b>	<b>Never</b>					<b>Always</b>				
Participants were easily engaged by the activities.	1	2	3	4	5					
Participants were focused and attentive throughout the session.	1	2	3	4	5					
Participants asked questions and “shared freely.”	1	2	3	4	5					
<b><u>Program Materials</u></b>										
Directions were clear and easy for me to use.	1	2	3	4	5					
Further instructions or information would have been useful.	1	2	3	4	5					
Program information easily supported my planning of sessions.	1	2	3	4	5					
Program materials met my program’s objective(s) and goal(s).	1	2	3	4	5					
Program materials complemented the topics regularly covered by this group/class.	1	2	3	4	5					
<b><u>Program Activities</u></b>										
Lessons were adaptable to participants’ individual differences in ability, development, and learning styles.	1	2	3	4	5					
Lessons were relatable to participants’ life experiences.	1	2	3	4	5					
Lessons promoted inquiry, problem-solving, and critical thinking.	1	2	3	4	5					

List any activities that your participants especially enjoyed.

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List any activities that your participants especially had difficulty completing.

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Describe a change, if any, in the attitude of the participants toward COMPASS as the curriculum progressed:

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Give your thoughts about the primary effect(s) the program had on the participants.

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Could you share a positive example of an individual who participated in the COMPASS program and experienced, as a result, a desired improvement? If so, please describe the positive change which occurred.

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### SECTION III: FACILITATOR REACTION

What about the activities worked well?

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What about the activities did not work?

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Suggestions to improve the activities: \_\_\_\_\_

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What additional topics would you like to have covered?

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Did you in any way modify the curriculum to better fit your needs? If so, how?

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What programs have you used in the past? How did they differ from COMPASS?

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Additional Comments:

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Would you recommend COMPASS to others for use with their groups? YES or NO

If YES, may we contact your colleagues? Names, phones, e-mails, and/or addresses:

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**Thank you again for taking the time to complete this form. Your comments are truly appreciated!**

**If you would like to assist us in further assessing the value of this program, please indicate below your interest in receiving Participant Response Forms:**

- Yes!** I would like to receive the Participant Response Forms that will further help assess the value of the COMPASS curriculum.
- No thanks,** I would not like to receive the Participant Response Forms.

**Please mail this evaluation to:** Forward Step  
2658 Griffith Park Blvd., #145  
Los Angeles, CA 90039-2520

**Or email it to:** [infor@forwardstep.org](mailto:infor@forwardstep.org).

For further information about Forward Step, visit our web site at [www.forwardstep.org](http://www.forwardstep.org).