

Training Observation Form

for observers of Iowa ESL Regional Trainings

Date: _____ Topic and location of training: _____

Trainer: _____ Observer: _____

A. Components of the Training Session: *For each item below – if observed – indicate what you observed by circling “Yes” or “No” and/or providing a **comment, example, or suggestion**, (if applicable).*

Introduction and Warm-up

1. Did the trainer provide an opportunity for participants to introduce themselves and share something about their adult ESL background, experiences, and/or professional development needs?
Yes No Comment:

2. Did the trainer share the objectives of the training and review the agenda with participants?
Yes No Comment:

Presentation

1. What presentation style(s) did the trainer choose (e.g. lecture, discussion, role play, game, etc) to share the main content of the training? Was it appropriate for the content and audience?

2. What strategies did the trainer use to give adequate and appropriate explanations of new concepts?

3. Did the trainer solicit and respond to participants’ questions?
Yes No Comment:

4. Did the trainer periodically check participants’ comprehension of the content? How?
Yes No Comment:

5. What audiovisual materials did the trainer use to support the presentation?

6. Did the trainer review and summarize the main points at the end of the presentation?
Yes No Comment:

Practice

1. Did the trainer set up the practice activities clearly and use the activities to give participants a chance to practice what was learned during the presentation? How?
2. What methods and materials did the trainer use for the reporting of small group work? How did the trainer provide feedback to the groups on their activities?

Application and Evaluation

1. How did the participants apply what they learned and practiced?
2. Did the participants have the opportunity share how they applied what they learned? If so, how did the trainer evaluate participants' application of the concepts?

Follow-Up

1. Were all of the participants' questions answered during the training, and/or did the trainer give participants her contact information for after the training?
Yes No Comment:
2. Did the trainer give participants a follow-up task to do in their programs and offer to follow up with them? If so, what was the task? When will the follow-up occur?

B. Facilitation and Time Management

Below is a variety of facilitation and time management strategies to enhance the acquisition of new skills by participants. Place a check (✓) next to the strategies that you observed. Then, use the space below to describe or give examples of what the trainer did. Add other strategies that you observed. *This section should be filled out soon after the observation is over.*

Facilitation Skills	Time Management
<input type="checkbox"/> Use a method to address off-topic items in order to stay on topic. <input type="checkbox"/> Provide clear explanations. <input type="checkbox"/> Use clear transitions from one section of the training to another. <input type="checkbox"/> Use a variety of grouping strategies to encourage participation (e.g., cooperative groups, pair activities). <input type="checkbox"/> Clarify and paraphrase main points. <input type="checkbox"/> Summarize participants' comments for the whole group as needed. <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Allot appropriate amount of time to each section of the training by using time limits for different activities. <input type="checkbox"/> Pace training according to participants' needs. <input type="checkbox"/> Make time adjustments on the agenda as needed. <input type="checkbox"/> Complete each section of the training. <input type="checkbox"/> Start and end on time. <input type="checkbox"/> Give participants time to answer questions posed to them. <input type="checkbox"/> Give participants time to process the new information. <input type="checkbox"/> <input type="checkbox"/>

Other observations, questions, or suggestions that you have (continue on back):