**Preceptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Facilitator:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Section(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please enter comments in the space below:**

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| --- | --- |
| **Timing** (Does the section fill the allotted time? Or does it run long?)  |  |
| **Other Factors** (Room temperature, missing materials, technical issues, etc.) |  |
| **Participants’ Engagement Level** (Are the learners engaging with the material? Are they distracted or bored?) |  |
| **Use of Facilitator Guide and Presentation Materials** (Are lessons presented as outlined in the provided materials?) |  |
| **Demonstrations** (Are demonstrations easy to follow?)  |  |
| **Individual Practice** (Is the learner able to advance through the specific tasks? Are the preceptors providing appropriate assistance if needed?) |  |
| **Knowledge Check** (Where are individuals struggling? What could be done to increase understanding? ) |  |
| **Group Activity** *(if applicable)* (Are all participants in the group engaged in the activity? Are the preceptors providing appropriate assistance if needed?) |  |
| Strengths:  |
| Improvement Opportunities:  |