

# CDSMP LEADER EVALUATION FORM

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Please evaluate the teaching session on the following by marking the appropriate number that best corresponds to your response:

**Leader's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Workshop Location:** \_\_\_\_\_

<b>CDSMP Leader Evaluation Checklist</b>					
	(4) EXCELLENT	(3) GOOD	(2) FAIR	(1) POOR	N/A
<b>Arrived on-time and prepared to teach session</b>					
<b>Followed the Leaders Manual content and process</b>					
<b>Modeled session activities appropriately</b>					
<b>Worked as a partner with co-leader.</b>					
<b>Used brainstorming techniques correctly (i.e. repeated question, used silence, offers own response only at end of brainstorm)</b>					
<b>Used problem-solving (directed questions back to the group for a brain storm)</b>					
<b>Encouraged group participation</b>					
<b>Modeled Action Planning appropriately</b>					
<b>Positively reinforced group members</b>					
<b>Handled problem people appropriately</b>					

**Comments:**

**Recommend leader?**

Yes

No

**If no, please explain:**