

**The Georgia Department of Corrections
Office of Reentry Services
MRT Facilitator
Moral Reconciliation Therapy Competency Evaluation Form**

Site:	Date:
Facilitator:	Date Group Started:
Class Time:	Enrolled Class Size:
Attendance:	Group Gender:
Evaluator:	Overall Score: <u> </u> /100

A	Facility and Preparation	Yes	No	NA	Pts
1	Was the room size adequate for the group and were the seats set up in a horseshoe or circular formation?				2
2	Has the facilitator attended the required Boosters per SOP?				4
3	Were enrollments to the class at capacity (based on date facilitator was trained)?				4
4	Did the facilitator and participants begin the group on time and did the group end on time?				2
5	Did the facilitator know where the participants were in the program?				2
6	Were adequate materials utilized and available (i.e., Freedom Ladder poster, flipchart and/or dry erase board, clock, etc.)?				2
7	Were group rules written and posted in the room?				2
8	Was the number of participants within guidelines of the program (base on start date)?				2
9	Did the facilitator have the Counselor MRT handbook guide and was the guide utilized for adequate processing of step?				4
10	Did the facilitator greet the offenders when they entered the room and was attendance taken prior to the start of group?				2
Subtotal: <u> </u> /26					
Comments:					

B	Group Process	Yes	No	NA	Pts
11	Participants reviewed group rules at the beginning of group (if there is a new member or rule violation).				2
12	Participants were not allowed in group without a workbook.				2
13	New participants introduced themselves at the beginning of the group.				2
14	Participant completed the recommended step prior to group.				2
15	Facilitator did not allow participants to work during group presentation.				2
16	Step presentation was in the appropriate order (lowest to highest steps), or continuation from previous group.				3
17	Discussions remained focused on completing the MRT exercises.				3
18	If a participant did not "pass" a step, they were instructed how by other group members, if applicable.				3
19	Facilitator signed the workbook each time an exercise was passed.				3
Subtotal: <u> </u> /22					
Comments:					

Retention Schedule: Upon completion, this competency evaluation form should be kept on file, for review by Office of Reentry Services, for one (1) year.

C	Facilitation	Yes	No	NA	Pts
20	Work was checked for completion prior to presentation (no blank spaces and following step directions).				3
21	Essence of the Step and Freedom Ladder related, and discussion conducted to ensure the participants had a basic understanding of the two.				4
22	Facilitator did not become combative during offender outburst/resistance.				3
23	Specific and personal information was not allowed during questioning.				3
24	The facilitator acted as a catalyst and did not dominate the group (spoke less than 50% of the time).				4
25	Did all the participants engage in discussion or provide feedback?				4
26	Did the facilitator gave positive feedback to the participants after they presented?				4
27	Did the facilitator allow questions for clarification?				4
28	Did participants who passed the step vote?				4
Subtotal:					/33
Comments:					

D	Paperwork	Yes	No	NA	Pts
29	An individual interview was conducted with each participant prior to beginning class at which time they were given a Pre-test, workbook, Instructions for Step 1, and workbook receipt.				4
30	Pre and Post Tests are being scored onsite and entered in SCRIBE.				4
31	Facilitator is completing the Class Sign In sheet correctly.				4
32	Program Data Form is correct and submitted within 24 hours for entry into SCRIBE.				4
33	Participant Feedback Forms are being utilized when the participant is terminated from class.				3
Subtotal:					/19
Overall Score:					/100
Comments:					

Paperwork Review: SCRIBE active list, SCRIBE termination list, Program Data Form, Offender Incarcerated Report, Class Sign-in Sheet, Pre and Post Tests, Participant Feedback Forms, PIC Eligible Offenders, Activity Rosters, Dorm Rosters, Master Schedule, Training Records.

Next Booster (s): _____

Reviewer Comments:

Strengths:

Area(s) needing improvement:

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Facilitator Comments:

**Emailed to Site Manager, Regional Director, Facilitator, and the Office of Reentry Services.

**Points are taken away for any “No” Responses.