

**The Georgia Department of Corrections
Office of Reentry Services
Problem Solving Skills in Action (PSSIA) Facilitator
Competency Evaluation Form**

| | | | | | |
|----------------------------------|--|----------------------------|-----------|-----------|--------------------------|
| Site: | | Evaluation Date: | | | |
| Facilitator: | | Initial Enrollment: | | | |
| Date group started: | | Current Enrollment: | | | |
| Class Time: | | Attendance: | | | |
| Session: | | Gender: | | | |
| Evaluator: | | | | | |
| SCORE: <u> </u> /100 | | | | | |
| A | Class Control / Preparation | Yes | No | NA | Pts |
| 1 | Did the facilitator keep the class on task and redirect the group as needed? | | | | 3 |
| 2 | Did the facilitator have rules and sanctions regarding missing group meetings, tardiness and classroom behavior? | | | | 3 |
| 3 | Is the classroom set up in a circular formation? | | | | 3 |
| 4 | Did the facilitator have ability to deal with difficult participants (e.g. hostile, angry, disrespectful, non-participating members in a professional manner)? | | | | 3 |
| 5 | Were group rules written and posted in the room? | | | | 3 |
| 6 | Did the facilitator always model pro-social behavior? | | | | 3 |
| 7 | Did the facilitator greet the offenders as they entered the room? | | | | 3 |
| 8 | Did class start and end on time? | | | | 5 |
| SUBTOTAL: | | | | | <u> </u> /26 |
| Comments: | | | | | |

| | | | | | |
|------------------|--|------------|-----------|-----------|--------------------------|
| B | Facilitator/Group Process | Yes | No | NA | Pts |
| 9 | Did the facilitator review key points from the previous lesson? | | | | 3 |
| 10 | Did all of the participants have assigned homework? | | | | 4 |
| 11 | Did the facilitator adhere to the lesson plan for the day? | | | | 4 |
| 12 | Did the facilitator model the skill step correctly to the class prior to allowing them to role play skill step? | | | | 3 |
| 13 | Did each of the participants model the new skill as the main actor? | | | | 3 |
| 14 | Were the participants corrected if they did not model the skill correctly? | | | | 3 |
| 15 | Did the facilitator use clear examples, illustrations, explained definitions relative to the offender's experiences? | | | | 3 |
| SUBTOTAL: | | | | | <u> </u> /23 |
| Comments: | | | | | |

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|----------|---|------------|-----------|-----------|------------|
| C | Delivery and Response to Participant's Use of Skills | Yes | No | NA | Pts |
| 16 | Did the facilitator ensure that the group understood the skill/concepts being taught? | | | | 3 |
| 17 | Was the facilitator able to motivate participants to learn and practice new skill? | | | | 3 |
| 18 | Did the participants have group discussions? | | | | 4 |

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

| | | | | | |
|---------------------------|--|--|--|--|---|
| 19 | Did the facilitator allow participants to work in their workbooks when needed during lesson? | | | | 4 |
| 20 | Did all the participants have a workbook to work on? | | | | 3 |
| 21 | Did the facilitator keep the participant safe from ridicule from other participants? | | | | 3 |
| 22 | Did the facilitator answer participant questions? | | | | 3 |
| 23 | Did the facilitator use positive reinforcement? | | | | 3 |
| 24 | Did the facilitator engage all participants in discussion of workbooks? | | | | 4 |
| SUBTOTAL: _____/30 | | | | | |
| Comments: | | | | | |

| D | Paperwork Review | Yes | No | NA | Pts |
|---------------------------------|---|------------|-----------|-----------|------------|
| 24 | Did the facilitator use the correct supplements/handouts for modeling and classroom assignments? | | | | 4 |
| 25 | Does the facilitator have a copy of the Breakfast Club Movie? | | | | 4 |
| 26 | Is the facilitator correctly using the Class Sign in Sheet? | | | | 2 |
| 27 | Were participants given a pre-test prior to the beginning of class and a post test at the termination of class? | | | | 2 |
| 28 | Are the Pre- and Post-tests are being scored onsite and entered into SCRIBE? | | | | 2 |
| 29 | Are participant feedback forms being utilized when the participant is terminated from class? | | | | 2 |
| 30 | Are Program Data forms correctly completed and submitted timely for entry into SCRIBE? | | | | 2 |
| 31 | Did all participants have an assessed need for DETOUR? | | | | 3 |
| SUBTOTAL: _____/21 | | | | | |
| 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, Bridge Referrals, PIC Eligible Offenders, Activity Rosters, Dorm Rosters, Master Schedule, and Training Records.

Reviewer Comments:

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