

Evaluation Sheet – INTREPRET Administration [Facilitator’s Activities]

Sheet ID:

A-I

A. Instruction

- Each facilitator of INTREPRET sessions is requested to list up the sessions that she/he facilitated during the last 7 days, counting back from yesterday.
- Please give this form to the evaluator upon completing it.

B. General Information

Coverage Period (7 days):	(MM/DD/YY)	--	(MM/DD/YY)	Facility:
------------------------------	------------	----	------------	-----------

C. Facilitator Information

Name:	Designation:
-------	--------------

	Data (MM/DD/YY)	Co-facilitator	Topic	Number in the Group	Group ID/ Dormitory (optional)
I. Program Orientation					
1.					
2.					
3.					
4.					
5.					
II. CBT Session					
1.					
2.					
3.					
4.					
5.					
6.					
III. CBT-R Session					
1.					
2.					
IV. PE Session					
1.				Patients Family	
2.				Patients Family	
V. SS Session					
1.					
2.					
3.					
4.					
VI. SHGM Session (list up sessions that you supervised)					
1.					
2.					
3.					
4.					

Signature of Facilitator: _____

Date: _____