

# Evaluation Sheet – ENTREPOSE Administration [Facilitator's Activities]

Sheet ID:

## A-I

**A. Instruction**

- Each facilitator of ENTREPOSE sessions is requested to list up the sessions that she/he facilitated during the last one month, 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:
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**C. Facilitator Information**

Name:	Designation:
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	Data (MM/DD/YY)	Co-facilitator	Topic	Number in the Group	Group ID (optional)
<b>I. Program Orientation</b>					
1.		/	/		
2.		/	/		
3.		/	/		
<b>II. CBT &amp; CBT-E Session</b>					
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
<b>III. PE Session</b>					
1.		/		Patients Family	
2.		/		Patients Family	
3.		/		Patients Family	
4.		/		Patients Family	
5.		/		Patients Family	
<b>IV. SHGM Session (list up sessions that you supervised)</b>					
1.					
2.					
3.					
4.					
5.					
6.					

Signature of Facilitator: \_\_\_\_\_

Date: \_\_\_\_\_