**Daily Participant Assessment Sheet**

**Participant Name: ………………………………………………………….……………… Facilitator Name: ……………………………………………………………………………….……………………………**

|  |  |  |
| --- | --- | --- |
| Activity | Score by Module*(1 = Unsatisfactory, 2 = Average; 3 = satisfactory; 4 = Very good; 5 = Outstanding)* | Comments |
| **#1** | **#2** | **#3** | **#4** | **#5** | **#6** | **#7** | **#8** | **#9** | **#10** | **#11** |  |
| Attendance*(Mandatory for all sessions)* |  |  |  |  |  |  |  |  |  |  |  |  |
| Participation during group activities*(Active participation to all sessions)* |  |  |  |  |  |  |  |  |  |  |  |  |
| Training content*(Good understanding of training contents)* |  |  |  |  |  |  |  |  |  |  |  |  |
| Audit techniques *(Good understanding of SPI-RT checklist and users’ guide)* |  |  |  |  |  |  |  |  |  |  |  |  |
| Audit Summary *(Accuracy in audit summary)* |  |  |  |  |  |  |  |  |  |  |  |  |
| ODK tool *(Understanding on how to use the tablet for site audit)* |  |  |  |  |  |  |  |  |  |  |  |  |
| Data Management *(Good understanding of site audit data and how to analyze them)* |  |  |  |  |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |  |  |  |  |