**Daily Participant Assessment Sheet**

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

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| 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 |  |  |  |  |  |  |  |  |  |  |  |  | |