

Training/Event Monitoring Checklist

Feed the Future Bangladesh Aquaculture and Nutrition Activity

Training/Event Title:			
Implementing Partner Name:		Duration of Training/Event: Day: ____ Hours: ____	
Venue/ Place:			
District:	Upazila:	Union:	Village:
Training/Event organized by:			
Target Participants (Total):		Training/Event Facilitator:	
Total Attended: _____ Male: _____ Female: _____ Youth (15-29 Y): _____			

Please write down your observations in below	
1. Attendance sheet maintenance: <i>Are they using prescribed attendance sheet, Is it complete, how the attendance sheets maintained, attendance sheets were duly signed and put date, name, designation, sex, age etc. (participants, trainers, reviewers, approvers)</i>	
a. Overall rating (put tick mark): <input type="checkbox"/> Satisfactory <input type="checkbox"/> Medium <input type="checkbox"/> Not satisfactory b. Please write your observations here:	
2. Training Venue: <i>Sitting arrangement-ensured participant's comfort, good place to listen and discuss, sufficient light, other observations if any etc.</i>	
a. Overall rating of venue (put tic mark): <input type="checkbox"/> Good <input type="checkbox"/> Medium <input type="checkbox"/> Not good b. Is the training venue location convenient in terms of distance? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Please write your observations here:	
3. Training Module, Schedule, Handout, Banner/Logo and etc.	
a. Quality of Training Module/Schedule/Handout/Display Materials: <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Not satisfactory b. Presentation (PPT/ Pictorial/ Materials if applicable): <input type="checkbox"/> Yes <input type="checkbox"/> No c. Distribute to participants (Training Module/IEC Materials): <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable d. Content delivery/ optimum voice (Clear to understand) : <input type="checkbox"/> Good <input type="checkbox"/> Moderate <input type="checkbox"/> Not satisfactory	
4. Training Facilitation: <i>understandable, voice reached to everyone, flexible to receive questions etc.</i>	
Overall rating (put tic mark): <input type="checkbox"/> Very Good <input type="checkbox"/> Good <input type="checkbox"/> Moderate Please write your observations here if any:	
5. Participation: <i>Presence on time by target participants, how many attended from start to end, If any absence then note the reason, if any participant depart before completion then note down the reason, feeling comfort to interact/ask questions</i>	
a. Overall rating (put tic mark): <input type="checkbox"/> Satisfactory <input type="checkbox"/> Medium <input type="checkbox"/> Not Satisfactory Please write your observations here: b. Is the training being participatory? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Any other: c. Is there any practical demonstration session? <input type="checkbox"/> Yes <input type="checkbox"/> No; If yes, is it done? <input type="checkbox"/> Yes <input type="checkbox"/> No d. Is the training start time suitable to participate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Overall observations:	
i. Overall satisfaction (please put tic mark): <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low ii. What was good: iii. What needs to improve: iv. Suggestions if any:	
7. Participants observations: <i>Training content, Facilitator's knowledge, attitude, Training duration, IEC materials, venue, Snacks/Food quality, Involve participants in practical session, overall satisfaction etc.</i>	
Participant's comments in the learning point of views (1/2 person- Take home key message) i. ii. iii.	
8. Food and snacks: <i>Observation by observer</i>	9. COVID Safety Measure: <i>Observation by observer</i>
Food and snacks quality: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low	<input type="checkbox"/> Mask <input type="checkbox"/> Hand sanitizer <input type="checkbox"/> Social distancing

Observed By
Signature:
Name:
Designation:
Date: