

**The Georgia Department of Corrections
Cognitive Behavior Unit
MRT Competency Evaluation Form**

Site:	Date:
Facilitator:	Co-Facilitator:
Class Time:	Enrolled Class Size:
Attendance:	Group Gender:
Evaluator:	

A	Facility and Preparation	Yes	No	NA
1	Was the room size adequate for the group.			
2	Were the seats set up in a horseshoe or circular formation?			
3	Did the facilitator arrive to begin the group on time.			
4	Did the participants arrive to begin the group on time?			
5	Did the facilitator know the participants and generally where they were in the program.			
6	Were adequate materials available, ie: Freedom Ladder poster, flipchart, dry erase board, clock, etc....			
7	Were group rules written and posted in the room?			
8	Were the number of participants within guidelines of the program.			
Comments:				

B	Group Process	Yes	No	NA
9	The group lead reviewed group rules at the beginning of group			
10	Participants brought all required materials to group.			
11	New participants introduced themselves at the beginning of the group.			
12	Participant completed the recommended step prior to group.			
13	Step presentation was in the appropriate order (lowest to highest steps)			
14	Step was completed within the allotted time, if applicable			
15	Discussions remained focused on completing the MRT exercises			
16	If a participant did not "pass" a step, they were instructed how by other group members, if applicable.			
17	Books/paperwork were signed appropriately by the facilitator each time an exercise was completed			
Comments:				

RECORD RETENTION: All competency evaluation forms should be kept on file locally for one years for review by Risk Reduction Services.

C	Facilitation	Yes	No	NA
18	Was work checked for completion prior to presentation?			
19	Was Essence of the Step and Freedom Ladder appropriately related ?			
20	Confrontations were handled appropriately, if applicable.			
21	Specific and personal information was not allowed during questioning			
22	The facilitator acted as a catalyst and did not dominate the group (spoke less than 50% of the time)			
23	The facilitator acted professionally.			
24	Did the group start and end on time?			
25	The facilitator gave positive feedback to the participants after they presented			
Comments:				

D	Paperwork	Yes	No	NA
26	An individual interview was conducted with each participant prior to beginning class at which time they were given a Pre-test, workbook, Instructions for Step 1, and workbook receipt			
27	Pre and Post Tests are being scored onsite			
28	Facilitator is using the Class Sign In sheet correctly.			
29	Program Data form is correctly completed and submitted timely for entry into OTIS			
30	OTIS/Scribe information is entered correctly			
31	Participant feedback forms are being utilized when the participant is terminated from class			
32	COMPAS referrals to the class were appropriate			
Comments:				

Paperwork Review: Scribe Active list, Scribe termination list, Program Data form, Class Sign in Sheet, Pre and Post tests, Participant Feedback forms, COMPAS referrals

Reviewer Comments:

Facilitator Comments:

****Emailed to Site Manager and/or Facilitator and Cognitive Behavioral Unit Manager**