

**The Georgia Department of Corrections
Counseling/Cognitive Behavioral Unit
MRT Facilitator
Moral Reconciliation Therapy Competency Evaluation Form**

Site:	Date:
Facilitator:	Date Group Started:
Class Time:	Enrolled Class Size:
Attendance:	Group Gender: Female
Evaluator:	Overall Score: ___ /100

A	Facility and Preparation	Yes	No	NA	Pts
1	Was the room size adequate for the group and were the seats set up in a horseshoe or circular formation?				2
2	Has the facilitator attended the required Boosters per SOP?				4
3	Were enrollments to the class at capacity (based on date facilitator was trained)?				4
4	Did the facilitator and participants begin the group on time and did the group end on time?				2
5	Did the facilitator know where the participants were in the program?				2
6	Were adequate materials utilized and available (i.e.: Freedom Ladder poster, flipchart and/or dry erase board, clock, etc.)?				2
7	Were group rules written and posted in the room?				2
8	Was the number of participants within guidelines of the program (base on start date)?				2
9	Did the facilitator have the Counselor MRT handbook guide and was the guide utilized for adequate processing of step?				4
10	Did the facilitator greet the offenders when they entered the room and was attendance taken prior to the start of group?				2

Subtotal: ___ / 26

Comments:

B	Group Process	Yes	No	NA	Pts
11	Participants reviewed group rules at the beginning of group (if there is a new member or rule violation).				2
12	Participants were not allowed in group without a workbook.				2
13	New participants introduced themselves at the beginning of the group.				2
14	Participant completed the recommended step prior to group.				2
15	Facilitator did not allow participants to work during group presentation.				2
16	Step presentation was in the appropriate order (lowest to highest steps), or continuation from previous group.				3
17	Discussions remained focused on completing the MRT exercises.				3
18	If a participant did not "pass" a step, they were instructed how by other group members, if applicable.				3
19	Facilitator signed the workbook each time an exercise was passed.				3

Subtotal: ___ /22

Comments:

C	Facilitation	Yes	No	NA	Pts
20	Work was checked for completion prior to presentation (no blank spaces and following step directions).				3
21	Essence of the Step and Freedom Ladder related and discussion conducted to ensure the participants had a basic understanding of the two.				4
22	Facilitator did not become combative during offender outburst/resistance.				3
23	Specific and personal information was not allowed during questioning.				3
24	The facilitator acted as a catalyst and did not dominate the group (spoke less than 50% of the time).				4
25	Did all the participants engage in discussion or provide feedback?				4
26	Did the facilitator gave positive feedback to the participants after they presented?				4
27	Did the facilitator allow questions for clarification?				4
28	Did participants who passed the step vote?				4

Subtotal: ___ /33

Comments:

D	Paperwork	Yes	No	NA	Pts
29	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.				4
30	Pre and Post Tests are being scored onsite and entered in SCRIBE.				4
31	Facilitator is completing the Class Sign In sheet correctly.				4
32	Program Data form is correct and submitted within 24 hours for entry into Scribe.				4
33	Participant feedback forms are being utilized when the participant is terminated from class.				3

Subtotal: ___ 19

Overall Score: ___ /100

Comments:

Paperwork Review: Scribe Active list, Scribe termination list, Program Data form, Offender Incarcerated Report, Class Sign in Sheet, Pre and Post tests, Participant Feedback forms, PIC Eligible Offenders, Activity Rosters, Dorm Rosters, Master Schedule, Training Records

Next Booster (s): _____

Reviewer Comments:

Strengths:

Weaknesses:

Facilitator Comments:

**Emailed to Site Manager, Regional Director, Facilitator, and Counseling/Cognitive Behavioral Unit Manager 1
**Points are taken away for any “No” Responses.