



REACH UP & OUT Quality Assurance

To be completed by Project Staff NOT involved in implementation

Coordinator: _____ Session: _____ Date of Review: _____

1. Appropriate rapport/engagement.

(weakness) 1 2 3 4 5 (strength)

Comments: _____

2. Preparation for the meeting.

(weakness) 1 2 3 4 5 (strength)

Comments: _____

3. Presentation Style:

a. **Was the coordinator comfortable presenting the material or teaching the skill?**

(weakness) 1 2 3 4 5 (strength)

b. **Did the coordinator display adequate knowledge of the material?**

(weakness) 1 2 3 4 5 (strength)

Comments: _____

4. Encouraged questions and comments from participants.

(weakness) 1 2 3 4 5 (strength)

Comments: _____



5. Provided relevant feedback or answers to questions to participants.

(weakness) 1 2 3 4 5 (strength)

Comments: _____

6. Was the information documented for participants (i.e., handouts were given)?

(weakness) 1 2 3 4 5 (strength) N/A

Comments: _____

7. Did participants verbalize an understanding of the information or skill learned?

(weakness) 1 2 3 4 5 (strength)

Comments: _____

8. Components of the intervention were appropriately covered.

(weakness) 1 2 3 4 5 (strength)

Comments: _____

9. Overall effectiveness of the coordinator in teaching the session:

(weakness) 1 2 3 4 5 (strength)

Comments: _____

Overall feedback:

Signature of Investigator/PM-Date