Peer presentation feedback



As part of the National Board’s registration a peer assessment will be carried out of the trainer’s skills and abilities in delivery, in line with training criteria listed below all of these criteria are mandatory. This information will be in a secure cloud based database and in hard copy in the offices of the National Board for one year after the period of your involvement or until your consent is withdrawn. The data will be shared with your assessors and (if requested by your Church authority) with relevant members of Church personnel of your Church body. The data is accessible by National Board staff and staff in Enclude (a charity used to provide technical support to our cloud based secure database).

|  |  |
| --- | --- |
| **Name of Presenter:** |  |
| **Church body:** |  |
| **Date:** |  |
| **Peer Assessor:** |  |

|  |  |  |
| --- | --- | --- |
| **Style** | **Comments**  **(including areas to work on)** | |
| Eye contact  * Looking at all members of the   audience, etc |  |  |
| **Gestures**   * Reinforces points naturally * Not fiddling, etc |  |  |
| **Facial expression**   * Appearing to enjoy speaking * Smiling/glum |  |  |
| **Voice**   * Varied volume speed tone * Not too quiet * Too fast or slow |  |  |

|  |  |  |
| --- | --- | --- |
| **Content** | **Comments**  **(including areas to work on)** | |
|  |  |
| **Beginning**   * Gets audience attention * Announces the structure * Identifies objectives |  |  |
| **Structure**   * Easy to follow * Logical development * Transitions from one section to another |  |  |
| **Methods used**   * Presentation with overheads (appropriate?) * Groupwork/wordstorming/exercises /recording to flipchart (appropriate?) * Handouts |  |  |
| **Ending**   * Conclusive * Review learning * Reviews objectives |  |  |
| **Overall content**   * Objectives/programme achievable in time limit * Confident delivery * Comfortable with material * Appropriate facilitation * Drawing out of learning points |  |  |

**Self-evaluation of peer presentation**

1. What aspects of your delivery did you feel worked well?
2. What aspects of your delivery did you feel require development?
3. What additional support/resources do you require in order to address these areas?
4. How do you think the training impacted on the participants?
5. Did anything occur during/before the session, which impacted on your delivery?
6. What worked well in terms of co-delivering with your colleague?
7. What aspects of co-delivery require further development?
8. What actions will you take between now and your next delivery?

**SIGNATURE OF TRAINER SEEKING REGISTRATION**

I consent to the data on this form being held by the National Board for Safeguarding Children in the Catholic Church in Ireland, and shared with my assessors and Church authority (if requested) for the purposes and period outlined above.

**Name**: ...................................................................................... **Date**: .......................................

**Signed**: .......................................................................................................................................