

**Recreation Department Group Facilitation Audit**  
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**Directions: This audit shall be conducted at the discretion of the Recreation Director to ensure quality improvement and programming standards. It is recommended that at least one audit be conducted per department staff member per quarter, for Quality Assurance/Performance Improvement initiatives. All audits should occur randomly and without advance notice by the director or person(s) designated by the director.**

Name of Activity: \_\_\_\_\_

Type of Activity:  Physical  Cognitive  Spiritual  Social  Creative  Emotional

Staff Facilitator: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Unit: \_\_\_\_\_ Location: \_\_\_\_\_

**Quality Assurance**

1. Was the activity advertised appropriately?  Yes  No
2. Did the activity start on time?  Yes  No
3. Was the facilitator well prepared?  Yes  No
4. Was the room set up correctly?  Yes  No
  - 4.a. Was there adequate:  Lighting  Space  Chairs  Tables  Noise Level
5. Did the facilitator give an appropriate introduction to the group?  Yes  No
6. Was the group appropriate for the individuals involved?  Yes  No
7. Were cues/prompts used in the activity?  Yes  No
  - 7.a. Verbal:  Reminders  Re-phrasing  Re-directing  Other: \_\_\_\_\_
  - 7.b. Physical:  Gesturing  Modeling  Hand-over-hand  Other: \_\_\_\_\_
8. How many individuals were actively engaged during the activity? \_\_\_\_\_ of \_\_\_\_\_
9. Describe approaches taken with unengaged individuals or individuals exhibiting behaviors:  
\_\_\_\_\_  
\_\_\_\_\_
10. Was there adequate time to conduct the activity:  Yes  No
11. Did the group facilitator give an appropriate conclusion to the activity?  Yes  No

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auditor Signature: \_\_\_\_\_

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**Scoring Instructions**

Questions 1, 2, 3, 4, 5, 6, 7, 10, 11 are worth one point each. This does not include the sub-questions under questions 4 & 7. Each answer of “Yes” gets one point.

Question 4.a. receives one point per check mark.

Questions 7.a. and 7.b. and 9 are scored based on the discretion of the auditor. This score is based on the need or appropriateness of the cueing and prompting in the activity, and the measures taken with unengaged individuals or individuals exhibiting inappropriate behaviors. Any inappropriate cueing/prompting, or responses to behaviors or disengagement should be highlighted in yellow ink. A lack of needed cueing/prompting or appropriate responses should be highlighted in orange. This section is not given a numerical score, but any areas of concern should be discussed with staff facilitator in a mentoring session after the completion of the group.

Question 8 is given a score based on percentage of individuals engaged. The number of individuals observed as being actively engaged during the activity will be divided by the number of individuals in the activity. The following percentages are worth the following point values:  
100%-90% = 5 points    89%-80% = 3 points    79%-60% = 1 point    Under 59% = 0 points

**Scoring Worksheet**

Answers for Yes/No Questions (1, 2, 3, 4, 5, 6, 7, 10, 11): \_\_\_\_\_/9

Answers for 4.a: \_\_\_\_\_/5

Question 8:    Percentage: \_\_\_\_\_/5

Total \_\_\_\_\_/19

- Mentoring on cueing/prompting needed.
- Mentoring on approaches with unengaged residents needed.
- Mentoring on approaches with residents exhibiting behaviors needed.

**Scoring Indicator:**

- 0-13 points – Mentoring needed for general group facilitation skills, follow-up audit
- 14-16 points – Mentoring needed for identified areas of improvement, follow-up audit
- 17-18 points – Discussion should be held about potential areas of improvement
- 19 points – No action suggested

Auditor Action Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**Group Facilitation Mentoring Form**

Directions: This form will be filled out for each mentoring session, and will be kept on file in the group facilitator's personnel file. A copy of the mentoring may be requested by the facilitator for their records. All mentoring sessions are to remain confidential.

Employee/Intern/Volunteer Name: \_\_\_\_\_

Date: \_\_\_\_\_ Location of Mentoring Session: \_\_\_\_\_

*Mentoring conducted for the following area(s) of concern (refer to Group Facilitation Audit and Scoring Sheet for areas of need):*

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Advertising Programs                  | <input type="checkbox"/> Timeliness           | <input type="checkbox"/> Preparedness & Set-up |
| <input type="checkbox"/> Dealing with Difficult Behaviors      | <input type="checkbox"/> Engaging Individuals | <input type="checkbox"/> Group appropriateness |
| <input type="checkbox"/> Introduction/Conclusion of Activities |   | <input type="checkbox"/> Prompting & Cueing    |

Description of Mentoring Session:

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Follow-up Action:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Additional Mentoring | <input type="checkbox"/> Additional Audit | <input type="checkbox"/> Facilitation Shadowing |
| <input type="checkbox"/> None                 | <input type="checkbox"/> Other: _____     |   |

*By signing this form, I acknowledge that the information above has been discussed with me.*

\_\_\_\_\_  
Employee/Intern/Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Director/Mentor Signature

\_\_\_\_\_  
Date