# Supplementary Material File 3 Trainer peer-supporter training evaluation form

To be completed by each PLAN-A trainer after Day 2 of the peer-supporter training.

**Questions about you**

Note: You do not have to fill this section out if you have already completed this for a different school you delivered the PLAN-A training to

|  |  |
| --- | --- |
| **ID** (for office use only): | **Age:** |
| **Training Dates:** | **Highest Level of Education:** (eg GCSE, A-levels and Degree) |
| **We are interested in the background of our PLAN-A trainers. Please list your current employment (outside of PLAN-A), and any previous training or experience that is relevant to the PLAN-A trainer role:** | |

**About the training**

|  |  |  |
| --- | --- | --- |
| **Training venue:** | | |
| **School of attending pupils:** | | |
| **Trainers present (name of the other trainer you were working with):** | | |
| **Number of pupils attending:** | | |
| **Number of absences:** |  | |
| **How many pupils started but did not complete the training?** |  | |
| **What were the reasons for this?** (Please indicate the number of pupils each reason applies to) | | |
| Did not return for Day 2 (unexplained) |  | |
| Excluded for poor behaviour |  | |
| Personal reasons (e.g., family event) |  | |
| Illness |  | |
| Were there any first aid incidents? | YES | NO |
| Please provide details of these incidents: | | |

***How would you rate the arrangements for the training related to:***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Poor | Adequate | Good | Very good | Excellent | N/A |
| Transport to and from the venue (for the pupils) |  |  |  |  |  |  |
| Suitability of the training space |  |  |  |  |  |  |
| Quality of the facilities (toilets, kitchen, social spaces) |  |  |  |  |  |  |
| Location (distance from school) |  |  |  |  |  |  |
| Training manual |  |  |  |  |  |  |
| Resources to support the training |  |  |  |  |  |  |
| Arrangements for refreshments |  |  |  |  |  |  |
| Quality of refreshments |  |  |  |  |  |  |

***Please indicate how well you think key aspects of the training were achieved:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not well at all | Not very well | Quite well | Very well |
| Increasing peer supporters’ **knowledge** about **physical activity** |  |  |  |  |
| Enhancing peer supporters’ **interpersonal** **skills** |  |  |  |  |
| Enhancing peer supporters’ **communication** **skills** |  |  |  |  |
| Enhancing peer supporters’ **confidence** to instigate informal, health promoting conversations with their peers |  |  |  |  |
| How much did the peer supporters understand their role as a peer supporter? |  |  |  |  |

***Please indicate how well the girls responded to the training:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Not at all | A little | Somewhat | Very |
| How involved were they? |  |  |  |  |
| How engaged were they? |  |  |  |  |
| How much did you think they enjoyed themselves? |  |  |  |  |
| Overall, how interested were they? |  |  |  |  |