

INSTRUCTOR EVALUATION

PART I - INSTRUCTOR

A. Name (<i>Last, First, MI</i>)	B. Rate / Rank / Grade	C. Date
D. Course / Short Title / CIN	E. Topic / Exercise Number	

PART II - EVALUATION

A. Evaluation Type	B. Presentation Type
<input type="checkbox"/> Annual <input type="checkbox"/> Quarterly <input type="checkbox"/> Scheduled <input type="checkbox"/> Unscheduled <input type="checkbox"/> Technical <input type="checkbox"/> Certification <input type="checkbox"/> MTS <input type="checkbox"/> Technique	<input type="checkbox"/> Classroom <input type="checkbox"/> Laboratory <input type="checkbox"/> Facilitation

C. Evaluation

(Evaluate each item on the checklist as Satisfactory, Needs Improvement, Unsatisfactory, Not Observed, or Not Applicable)

	Satisfactory	Needs Improvement	Unsatisfactory	Not Observed	Not Applicable
1. Introduction					
a. Displayed Topic / Name, Introduced Self					
b. Read Objectives					
c. Motivation					
(1) Gained learners attention					
(2) Explained importance / relevance of topic material					
(3) Motivated learners to do their best					
(4) Safety Objective (specific to objectives)					
d. Stressed importance of Safety / Posted as applicable / Training Time Out (TTO) / Drop on Request (DOR)					
e. Provided lesson overview					
f. Ensured workstations / materials ready					
g. Related classroom instruction to On-The-Job performance					
2. Presentation					
a. Used lesson plan effectively					
(1) Personalized lesson plan					
(2) Taught all discussion points					
(3) Transitioned / chained effectively					
(4) Used examples / analogies					
b. Used effective communication skills					
(1) Maintained learner attention					
(2) Encouraged participation / questions					
(3) Demonstrated active listening					
c. Asked questions					
(1) Required number (if applicable)					
(2) Used effective questioning technique					
(3) Provided effective feedback					
d. Handled learner questions					
e. Used technology / visual information effectively					
f. Facilitation					
(1) Used room movement effectively					
(2) Transition from Computer Based Training (CBT) effectively					
(3) Kept discussion moving					
(4) Debriefed activity / exercise effectively					
(5) Recognized opportunities for intervention					
g. Laboratory					
(1) Demonstrated lab procedures correctly					
(2) Reviewed lab procedures correctly					
(3) Provided related instruction as needed					
(4) Safety devices / equipment were in good condition					
(5) Issued tools / material expeditiously					
(6) Monitored learner safety practices					
(7) Co-instructors assisted learners as necessary					

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C. Evaluation (continued) <i>(Evaluate each item on the checklist as Satisfactory, Needs Improvement, Unsatisfactory, Not Observed, or Not Applicable)</i>						
3. Instructor / Learner Interaction		Satisfactory	Needs Improvement	Unsatisfactory	Not Observed	Not Applicable
a. Maintained facilitator / instructor - learner relationship						
b. Learners sought help when needed						
c. Learners used tools / materials correctly						
d. Recognized individual learner differences						
4. Summary and Review						
a. Reviewed objectives						
b. Recapped key points						
PART III - OVERALL GRADE						
<input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory <input type="checkbox"/> MTS Recommendation <input type="checkbox"/> Annual Evaluation Recommendation						
PART IV - REMARKS COMPLETED BY EVALUATOR <i>Include a brief description of overall performance (Strengths and areas requiring improvement) A statement concerning safety evaluation procedures should be included in this section. All behaviors evaluated as Needs Improvement, Not Observed, or Not Applicable will be explained in this section.</i>						
A. Evaluator Comments						
B. Evaluator						
1. Name		2. Signature		3. Date		
C. Instructor Debrief <i>(I have been debriefed on this evaluation)</i>						
1. Instructor Name		2. Signature		3. Date		
PART V - INSTRUCTOR IMPROVEMENT PLAN <i>(I understand the areas that need improvement and will take the following actions)</i>						
A. Improvement Plan						
B. Instructor Signature					C. Date	