

SOUTHERN DIVISION INSTRUCTOR OBSERVATION FORM

Please check skills observed and give a brief example.

You may use the other side for additional comments.

Instructor Development Student Name and NSP # _____ Date: _____

	Was effective because...	Could be more effective if...														
SETS...Did Trainees <input type="checkbox"/> Do something? <input type="checkbox"/> Recall an experience? <input type="checkbox"/> Become curious? <input type="checkbox"/> Appreciate value of learning?																
OBJECTIVES <input type="checkbox"/> Behavioral <input type="checkbox"/> Stated at outset <input type="checkbox"/> Appropriate difficulty include information, comprehension, & application																
METHODS <input type="checkbox"/> Visual aids <input type="checkbox"/> Auditory <input type="checkbox"/> Kinesthetic <input type="checkbox"/> Two-way communication																
GUIDED PRACTICE with Feedback <input type="checkbox"/> Positive <input type="checkbox"/> Specific <input type="checkbox"/> Immediate																
SUMMARY <input type="checkbox"/> Restated objectives <input type="checkbox"/> Trainees participated																
EVALUATION <input type="checkbox"/> Each objective measured																
COMMUNICATION SKILLS <table border="0"> <tr> <td>Verbal</td> <td>Non-Verbal</td> </tr> <tr> <td><input type="checkbox"/> Used names</td> <td><input type="checkbox"/> Eye contact</td> </tr> <tr> <td><input type="checkbox"/> Spoke clearly</td> <td><input type="checkbox"/> Voice</td> </tr> <tr> <td><input type="checkbox"/> Positive reinforcement</td> <td><input type="checkbox"/> Expression</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Seating</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Movement</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Good listener</td> </tr> </table>	Verbal	Non-Verbal	<input type="checkbox"/> Used names	<input type="checkbox"/> Eye contact	<input type="checkbox"/> Spoke clearly	<input type="checkbox"/> Voice	<input type="checkbox"/> Positive reinforcement	<input type="checkbox"/> Expression		<input type="checkbox"/> Seating		<input type="checkbox"/> Movement		<input type="checkbox"/> Good listener		
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TECHNICAL CONTENT <input type="checkbox"/> Knew course material <input type="checkbox"/> Used correct terms <input type="checkbox"/> Presented it clearly <input type="checkbox"/> Was technically correct <input type="checkbox"/> Stressed objective over technique																

GENERAL OBSERVATIONS/RECOMMENDATIONS:

List Topic(s) Taught:

Instructor: _____ **Patrol ID #** _____ **Instructor Trainer:** _____
Date of Observation: _____ **Is this a Final Instructor Candidate IT Observation?** Yes No

Discipline: Alpine Toboggan OEC MTR Avalanche Other()

** Candidate Instructors need two observations to be certified as an instructor - one by a mentor (in the discipline), and a final one by an IT (in the discipline). INSTRUCTORS – Keep a copy for your instructor course file.*