**INSTRUCTOR EVALUATION**

Please evaluate the lesson presented by today’s instructor. Your comments will be used by the instructor to improve future presentations.

**RATING: E = excellent; G = good; A = adequate; P = poor**

Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**AT THE BEGINNING OF THE LESSON THE INSTRUCTOR:**

1. Used methods and activities that stimulated my interest and raised my curiosity about the material to be taught.
2. Helped me understand the importance of what was to be taught.
3. Let me know in advance what was important for me to learn and what skills were expected of me.
4. Had expectations for me that were appropriate in terms of my background and experience.

**DURING THE LESSON THE INSTRUCTOR:**

1. Required me to understand and perform rather than simply recall facts. How?
2. Drew upon the knowledge and background of trainees.
3. Used visual aids that helped me understand the material. Circle any that apply: charts, overheads, slides, videos, movies, other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
4. Encouraged an open sharing of ideas.
5. Knew when and if trainees did not understand.
6. Scheduled the learning at a comfortable pace.
7. Provided feedback in a way that was helpful to me.
8. Periodically highlighted and summarized in order to make the learning easier to understand and to remember.
9. Spoke clearly and was easily understood.
10. Was a good listener.
11. Seemed to enjoy teaching the lesson.
12. Was concerned about my performance.
13. Was knowledgeable.
14. Did not convey that he/she had all the answers.
15. I accomplished what the instructor expected me to accomplish.

20. What was your general impression of the lesson and/or instructor?

21. What changes (additions, deletions, revisions) would you make to improve the program?

22. Additional comments or elaboration of any of the above items are welcome.

**INSTRUCTOR OBSERVATION AND IT SIGN-OFF FORM**

Please check skills observed and comment in space provided if appropriate.

Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Continuing Education \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List topic(s) and skills taught:

|  |  |
| --- | --- |
| **OBSERVED SKILL** | **COMMENTS**  Consider effectiveness *or* how he/she could be more effective. |
| **SET**—Did instructor:   * Do something? * Recall an experience? * Become curious? * Appreciate the value of learning? |  |
| **OBJECTIVES**   * Behavioral * Stated at outset * Appropriate difficulty * Incl. information, comprehension & application |  |
| **METHODS**   * Visual aids * Auditory * Kinesthetic * Two-way communication |  |
| **LEARNING ACTIVITY**   * Positive * Specific * Immediate |  |
| **SUMMARY**   * Restated objectives * Trainees participated |  |
| **EVALUATION**   * Each objective measured |  |
| **COMMUNICATION SKILLS**  **Verbal**   * Used names * Spoke clearly * Positive reinforcement   **Nonverbal**   * Eye contact * Voice * Expression * Seating * Movement * Good listener |  |
| **TECHNICAL CONTENT**   * Knew material * Used correct terms * Presented it clearly * Was technically correct * Stressed objective over technique |  |

Instructor Trainer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_