

INSTRUCTOR EVALUATION RECORD - ACADEMIC TRAINING							DATE							
NAME AND GRADE OF INSTRUCTOR (Last, First, Middle Initial)					NEXT EVALUATION DATE		OFFICE SYMBOL							
COURSE			UNIT		TYPE									
PURPOSE OF EVALUATION <input type="checkbox"/> INITIAL <input type="checkbox"/> PERIODIC <input type="checkbox"/> NO-NOTICE <input type="checkbox"/> OTHER (Specify) _____			OVERALL RATING			REEVALUATION REQUIRED								
			Q1	Q2	Q3	<input type="checkbox"/> YES <input type="checkbox"/> NO		DUE DATE _____						
<i>INSTRUCTIONS: Mark the appropriate block to indicate the quality of performance in each area. Comments are required in BLOCK III for all areas rated UNSATISFACTORY, MARGINAL, and any other significant factors observed during the evaluation such as commendable strengths. If an item is not to be rated, line through the UMSE blocks to denote nonapplicability.</i>														
LEGEND: U - Unsatisfactory M - Marginal S - Satisfactory E - Excellent														
BLOCK I				U	M	S	E	BLOCK I (Continued)			U	M	S	E
1. INSTRUCTOR REQUIREMENTS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Evaluation Techniques			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Physical Appearance				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i. Additional Instructions			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Rapport with Students				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j. Critique Process			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Communicative Skills				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k. Support Material			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Condition of Training Area				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	l. Summary			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. LESSON REQUIREMENTS				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m. Remotivation			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Attention				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	n. Closure			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Motivation				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	o. Training Aids			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Overview				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. DEVELOPMENT OF OBJECTIVES			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Organization				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. FOLLOWED DIRECTIVES			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Transitions				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. SAFETY			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Questioning Techniques				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. OTHER			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Demonstrations				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BLOCK II				COORDINATION										
				Check (X)										
				CONCUR	DO NOT CONCUR	REMARKS								
TYPED NAME AND GRADE		ORGANIZATION		CONCUR	DO NOT CONCUR	REMARKS	SIGNATURE			DATE				
EXAMINEE				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
EVALUATOR				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
SUPERVISOR/SUPERINTENDENT				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
REVIEWING OFFICER				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								
UNIT COMMANDER				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>								

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About the ITAOP/savePDF Method

The traditional Field-by-Field creation process is extremely ineffective and slow.

The only realistic option to create high-quality forms is the Insert-Text-Anywhere-on-Page (ITAOP) method.

The field creation process is about 10,000 times faster than the traditional method; the list of ITAOP features is not even available for the traditional method.

ITAOP savePDF method proved to be very simple and completely reliable for millions of users all over the world (incl. individuals, companies, organizations, government employees).

BLOCK III

EVALUATOR'S COMMENTS

BLOCK IV

REVIEW

UNIT STAN/EVAL

GROUP STAN/EVAL