

INSTRUCTOR EVALUATION CHECKLIST			DATE		
NAME OF INSTRUCTOR (Last, First, Middle Initial)	GRADE	ORGANIZATION	TIME START/STOP		
NAME OF INSTRUCTOR (Last, First, Middle Initial)	GRADE	COURSE	BLOCK/UNIT/OBJECTIVE/SUBJECT		
<p>LEGEND: O - Outstanding, S -- Satisfactory, NI - Needs Improvement, NA - Not Applicable</p> <p>INSTRUCTIONS: Enter an "X" under applicable rating in Section I. "NA" applies only to those items that are not applicable to lessons presented. "NI" and "O" ratings require a short justification in the "Comments" block. "NI" ratings will be followed up within 90 workdays after the initial evaluation and a findings recorded in Section V.</p>					
SECTION I. ITEMS	RATING (X)				COMMENTS
	O	S	NI	NA	
A. LESSON PREPARATION					
1. Lesson plan current and available.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Classroom neat/organized, training materials available and effectively distributed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
B. LESSON PRESENTATION					
1. Objectives clearly stated, lesson briefly overviewed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. All objectives covered, lesson followed smoothly, time properly utilized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Internal summaries used, and/or main points reviewed in conclusion of lesson.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Instructor displayed a thorough understanding and knowledge of the materials presented.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Eye contact and positive rapport established and maintained throughout the lesson.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Instructor poised, confident, enthusiastic, movements and gestures were natural/appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Correct enunciation and grammar used, instructor easily heard and understood, no distracting mannerisms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Skills properly introduced and demonstrated, students were actively involved.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Training aids/equipment listed on POI used: chalkboard and training aids used effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Safety and safety precautions integrated into lesson.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
C. QUESTION AND ANSWER TECHNIQUES					
1. Questions clear and to the point, appropriate for the lesson.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Variety of questioning techniques used.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Student questions answered thoroughly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
D. MANAGEMENT					
1. Instructor set positive example and enforced dress, appearance and behavior standards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Instructor maintained proper control of class.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Safety/safety equipment properly utilized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Measurement devices properly administered and critiqued.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
E. OTHER					
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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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).

SECTION II. OVERALL PERFORMANCE RATING

Enter an "X" in the overall performance rating block as derived from the evaluation in Section I. When computing the overall performance rating, items marked "Not applicable" are not counted.

- OUTSTANDING** - 85 - 100% of the items rated as "Outstanding".
No items were rated as "Needs Improvement".
- EXCELLENT** - 70 - 84% of the items rated as "Outstanding".
No items were rated as "Needs Improvement".
- SATISFACTORY** - 50% or more of the items rated as "Satisfactory" or better.
Less than 25% of the items rated as "Needs Improvement".
- NEEDS IMPROVEMENT** - 25 - 39% of the items rated as "Needs Improvement".
- UNACCEPTABLE** - 40 - 100% of the items rated as "Needs Improvement".

SECTION III. RECOMMENDATIONS FOR IMPROVEMENT/GENERAL COMMENTS

SECTION IV. ACKNOWLEDGEMENT OF EVALUATION

SIGNATURE OF EVALUATOR	DATE AND SIGNATURE OF INSTRUCTOR EVALUATED	DATE, SIGNATURE AND GRADE OF IMMEDIATE SUPERVISOR OF EVALUATOR
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SECTION V. FOLLOW-UP EVALUATION(Within 90 days)

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SIGNATURE OF EVALUATOR	DATE AND SIGNATURE OF INSTRUCTOR EVALUATED
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