INSTRUCTOR EVALUATION CHECKLIST

NAME/RATE/RANK: ____________________________________________________________ DATE: ____________________________

COURSE/SHORT TITLE/CIN: __________________________________________________

TOPIC/EXERCISE#: __________________________________________________________

EVALUATION TYPE

☐ CERTIFICATION ☐ TECHNICAL ☐ TECHNIQUE

EVALUATION PERIODICITY

☐ TECHNICAL ☐ MTS

☐ SCHEDULED ☐ UNSCHEDULED

TYPE CLASSROOM

☐ PRESENTATION/CLASSROOM ☐ LABORATORY ☐ FACILITATION

Evaluate each item on the checklist. (Check each item Satisfactory, Needs Improvement, Unsatisfactory, Not Observed, or 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/TTO/DOR

e. Provided lesson overview

f. Ensured workstations/materials ready

g. Related classroom instruction to on-the-job performance

   SAT NI UNSAT NO NA

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) Transitioned from 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/evaluated risks
   (7) Co-instructors assisted learners as necessary

3. **INSTRUCTOR/LEARNER INTERACTION**
   a. Maintained 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
   c. Questions checked/learner understanding
   d. Re-emphasized the importance of risk assessment

5. **PERSONAL CHARACTERISTICS**
   a. Professional appearance/demeanor
      (1) Used appropriate language
      (2) Used inclusive language
      (3) Displayed enthusiasm
   b. Used instructor traits effectively
(1) Voice
(2) Eye contact
(3) Gestures
(4) Attitude

6. OVERALL GRADE

☐ SATISFACTORY ☐ UNSATISFACTORY

7. EVALUATOR REMARKS. Include a brief description of overall performance (strengths and areas requiring improvement). A statement concerning safety evaluation procedures and risk mitigation should be included in this section. All behaviors evaluated as NI, NO, or NA will be explained in this section.

I have been debriefed on this evaluation.

Instructor Evaluated (print name and sign):

Instructor Evaluator (print name and sign):