

LABORATORY INSTRUCTOR EVALUATION CHECKLIST

NAME	RATE	DATE			
NUMBER OF STUDENTS	INSTRUCTOR/STUDENT RATIO				
COURSE	TOPIC TITLE	CIN			
<input type="checkbox"/> TECHNICAL <input type="checkbox"/> TECHNIQUE <input type="checkbox"/> INSTRUCTOR PREPARATION 1 2 3 <input type="checkbox"/> CERTIFICATION					
<input type="checkbox"/> MONTHLY 1 2 3 <input type="checkbox"/> QUARTERLY 1 2 3 4 <input type="checkbox"/> HIGH/MODERATE-RISK					
		YES	NI	NO	NA
1. INTRODUCTION					
a. Displayed course and topic title.					
b. Introduced self.					
c. Explained the objectives to the students.					
d. Related classroom instruction to lab performance.					
e. Reviewed safety/sanitation procedures.					
f. Posted safety precautions as necessary.					
g. Explained criteria for satisfactory performance.					
h. Motivated students to do their best.					
2. PRESENTATION					
a. Lesson plan has been personalized.					
b. Work spaces/stations were ready for training.					
c. Reviewed instructional material with students.					
d. Demonstrated laboratory procedures effectively.					
e. Used communications skills effectively.					
f. Maintained a positive, professional attitude.					
g. Provided related instruction when needed.					
h. Asked thought-provoking questions.					
i. Managed time effectively.					
j. Safety devices/equipment were in good condition.					
k. Issued tools and materials expeditiously.					
l. Monitored students for safety practices.					
m. Instructors assisted students as necessary.					
3. INSTRUCTOR/STUDENT INTERACTION					
a. Students appeared to understand assignment.					
b. Students used instructional materials correctly.					
c. Students appeared to seek help when needed.					
d. Recognized individual student differences.					
e. Checked student progress and understanding.					
4. SUMMARY					
a. Related objectives to the laboratory.					
b. Students participated in review; asked questions.					
c. Asked questions to check student understanding.					
d. Reemphasized the importance of safety.					

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<input type="checkbox"/> Satisfactory	
<input type="checkbox"/> Unsatisfactory	
<input type="checkbox"/> Recommended for a Waiver	
REMARKS COMPLETED BY THE EVALUATOR	
<p>All behaviors evaluated as NI or NO will be explained under this section. A statement concerning safety evaluation procedures must be included in this section. Also include any comments of an outstanding nature.</p>	
SIGNATURE AND TITLE OF THE EVALUATOR	DATE
INSTRUCTOR IMPROVEMENT PLAN	
<p>I have been debriefed on this evaluation. I understand the areas that need improvement and will take the following action:</p>	
SIGNATURE AND TITLE OF THE INSTRUCTOR	DATE