NAME	RATE	DATE
TOPIC TITLE		
CIN	TECHNIQUE	171 INSTRUCTOR TRAINEE 1 2 3

☐ **CERTIFICATION** ☐ MONTHLY 1 2 3 ☐ QUARTERLY 1 2 3 4 ☐ HIGH-RISK

Evaluate each item on the checklist. Rate each item a YES, NI, (Needs Improvement), NO or NA (Not Applicable).

	YES	NI	NO	NA
1. INTRODUCTION				
a. Displayed course and topic tide.				
b. introduced self.				
c. Explained how the material fits into the course.				
d. Explained ob ectives to the students.				
e. Stressed the importance of safety.				
f. Explained the importance of satisfactory performance.				
g. Motivated students to do their best				
2. PRESENTATION				
a. Lesson plan has been Personalized.				
b. Classroom and materials are ready for training.				
c Information technically accurate				
d. Taught from the discussion points.				
9 Used the lesson plan effectively.				
f. Transitioned and chained material effectively.				
g. Used training aids effectively.				
h. Used training aids effectively.				
i. Maintained proper eye contact.				
j. Displayed enthusiasm.				
k Used aestures effectively.				
l. Maintained a positive, professional attitude.				
m Used time effectively.				
n. Avoided distracting mannerisms.				
o Used communication sl kills effectively				
p. Maintained flexibility.				
q. Used personal experiences/examples to stress materials.				
r. Explained material clearly.				
3. INSTRUCTOR/STUDENT INTERACTION				
a. Established and maintained student attention.				
b. Encouraged student participation.				
c. Checked for student comprehension.				
d. Established/maintained proper instructor/student relationship.				
4. SUMMARY				
a Related obtectives to the lesson.				
b. Summarized lesson property.				
c. Questions checked student understanding.				
d. Reemphasized the importance of safety.				

Reset

CLASSROOM INSTRUCTOR EVALUATION CHECKLIST

☐ Satisfactory ☐ Unsatisfactory

☐ Recommended for a Waiver ☐ Recommended for MTS

REMARKS COMPLETED BY THE EVALUATOR

All behaviors evaluated as NI or NO will be explained under this section. Also include any comments of an outstanding nature. A statement concerning safety evaluation procedures must be included in this section.

.

SIGNATURE AND TITLE OF THE EVALUATOR DATE

INSTRUCTOR IMPROVEMENT PLAN

I have been debriefed on this evaluation. I understand the areas that need improvement and will take the following action:

SIGNATURE AND TITLE OF THE INSTRUCTOR DATE

Reset