

### 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
<b>1. INTRODUCTION</b>				
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.				
<b>2. PRESENTATION</b>				
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.				
<b>3. INSTRUCTOR/STUDENT INTERACTION</b>				
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.				
<b>4. SUMMARY</b>				
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"/> <b>Satisfactory</b>	
<input type="checkbox"/> <b>Unsatisfactory</b>	
<input type="checkbox"/> <b>Recommended for a Waiver</b>	
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