

INSTRUCTOR EVALUATION FORM

To evaluate potential instructors, please fill out the form according to the instructions on the back.

COURSE NUMBER _____ **DATE OF EVALUATION** _____

COURSE NAME _____

UNIT NUMBER _____ **EVALUATED INSTRUCTOR'S NAME** _____

Please choose the best answer to each question.

SA = Strongly Agree **A**= Agree **N**= Neutral **D**= Disagree **SD**= Strongly Disagree

Treats students with respect.	SA A N D SD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Made students comfortable with asking questions.	SA A N D SD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Answered questions thoroughly.	SA A N D SD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Communicated clearly.	SA A N D SD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Allowed sufficient time for activity completion.	SA A N D SD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Knowledgeable on subject matter.	SA A N D SD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Met ALL Unit or Course objectives as outlined in the Unit and/or Course Description.	SA A N D SD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Utilized Unit time properly.	SA A N D SD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Was enthusiastic about teaching the lesson plan.	SA A N D SD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Provided follow up instruction to ensure students understood information imparted.	SA A N D SD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Provided positive feedback to students.	SA A N D SD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Paces presentation sufficiently.	SA A N D SD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Makes appropriate eye contact with students.	SA A N D SD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Faces students during presentation.	SA A N D SD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Uses the Instructor's Guide as a guide not a script.	SA A N D SD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Uses verbal and non-verbal gestures and movements appropriately.	SA A N D SD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
I would recommend this instructor to other students and Course Managers alike.	SA A N D SD <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

LEAD INSTRUCTOR'S NAME _____

LEAD INSTRUCTOR'S SIGNATURE _____

COMMENTS

INSTRUCTOR EVALUATION FORM

Instructions for filling out the form. This form is used to evaluate potential instructors. Please fill out form as shown here.

PURPOSE	To fill out this form properly so the Evaluated Instructor gains information that will enable them to be better instructors through a mentoring with a highly qualified Lead Instructor.
COURSE NUMBER	Place the SERT TRAC recognized Course Number here.
DATE OF EVALUATION	Place the SERT TRAC recognized Course Name here.
COURSE NAME	Place the SERT TRAC recognized Course Name here.
UNIT NUMBER	Place the recognized Unit Number here so the Evaluated Instructor can keep track of notes and better prepare for unit assignments.
EVALUATED INSTRUCTOR'S NAME	Place the Evaluated Instructor's Name (as it shows in SERT TRAC) here.
QUESTION SECTION	Answer all questions with one of the available choices present. Comments will be allowed at the end of the form.
STRONGLY AGREE	The evaluated instructor met and/or exceeded all Unit Critical Goals with confidence and authority
AGREE	The evaluated instructor completed all required tasks without fault or issue, but lacked that certain SME attitude.
NEUTRAL	The evaluated instructor required minimal assistance to complete the unit of instruction. Either course materials or questions from students seemed to thro off the evaluated instructor's focus.
DISAGREE	The evaluated instructor did not show a commanding understanding of the course materials they were required to instruct from. The evaluated instructor needs more time with this unit/course.
STRONGLY DISAGREE	The evaluated instructor needed considerable assistance from the Lead to make a minimal score and was not prepared for the questions generated by the course materials.
LEAD INSTRUCTOR'S PRINTED NAME	Print the Lead Instructor's Name here.
LEAD INSTRUCTOR'S SIGNATURE	Have the Lead Instructor sign the document here.
COMMENTS	Place any/all comments to further describe the performance of the Evaluated Instructor here. Additional sheets of paper should be used where required to describe accomplishments/hinderances.