MONITORING FORM FOR EMS INSTRUCTOR APPLICANT

NAME (Print)_________________________________________ DATE________________

INSTRUCTOR/COURSE LOCATION____________________________________ EMS # ________

TOPIC(S) ________________________________________________________

SEGMENT MONITORED: ☐ Lecture ☐ Skills Evaluation (circle one, or both)

This evaluation serves as a basis for discussion between the Evaluator and the Instructor Candidate. A rating scale of 1-5 (lowest to highest) should be used according to the following criteria with comments required on all items:

1 - Unsatisfactory  
2 - Fair, needs improvement  
3 - Good, met requirements  
4 - Commendable, consistently met and frequently exceeded requirements  
5 - Excellent, consistently exceeded requirements

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I. Didactic Evaluation

A. Introduction
B. Knowledge
   • Demonstrates knowledge of subject
   • Terminology appropriate
C. Teaching Qualities
   • Preparedness
   • Delivery (voice, eye contact, gestures)
   • Composure (confidence)
   • Enthusiasm
D. Audiovisual/Instructional Aids
   • In working order
   • Effectively used

SCORE
__________________________

COMMENTS / SUGGESTIONS

Monitored Time (Minimum 20 minutes): __________

Evaluator Signature: __________________________________ EMS or EMS RN#:__________

(Instructor II or Master Signature)

Candidate: __________________________________ EMS #: __________

(Signature)

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II. Skills Evaluation

A. Proper Demonstration of Skills
B. Skills Practice/Testing
   • Adequate time allowed
   • Adherence to Protocols
   • Coaching during Practice
   • Hands-on Technique Used
   • Testing separate from practice

SCORE
__________________________

COMMENTS / SUGGESTIONS

Evaluator Signature: __________________________________ EMS or EMS RN#:__________

(Instructor II or Master Signature)

Candidate: __________________________________ EMS #: __________

(Signature)

CANDIDATE MUST ACHIEVE A SCORE OF 3 OR HIGHER, IN ALL CATEGORIES, TO RECEIVE A SATISFACTORY RATING OF THE MONITORED EVENT

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1/23/20