

North Carolina CPS Lead Instructor Evaluation of Instructor Team

Lead Instructor Conducting Evaluation: _____

Instructor Being Evaluated: _____

Date: _____ Location: _____

Check One: ☐ NC Basic Awareness Curriculum ☐ National Standardized CPS Curriculum

For all items, explain any "No" answers

CLASSROOM AND LECTURE INSTRUCTIONAL SKILLS (Was the Instructor... / Did the Instructor...)

1. Prepared for his/her section?
☐ Yes ☐ No: _____
2. Used a strong understandable voice?
☐ Yes ☐ No: _____
3. Delivered information effectively?
☐ Yes ☐ No: _____
4. Responded to and accurately answered questions or referred questions to another instructor?
☐ Yes ☐ No: _____
5. Encouraged participation from the students?
☐ Yes ☐ No: _____
6. Taught within the allowable time frame?
☐ Yes ☐ No: _____
7. Used anecdotal information or personal experiences appropriately and sparingly?
☐ Yes ☐ No: _____
8. Operated A/V equipment well?
☐ Yes ☐ No: _____

HANDS-ON PRACTICE AND TESTING INSTRUCTIONAL SKILLS (During the hands-on practice and testing, did the Instructor...)

9. Help all students instead of sticking with one group or one student?
☐ Yes ☐ No: _____
10. Present accurate, up-to-date information?
☐ Yes ☐ No: _____
11. Demonstrate a knowledge of a variety of child restraints?
☐ Yes ☐ No: _____
12. Correct compatibility problems under curriculum guidelines?
☐ Yes ☐ No: _____
13. Help set up or take down the exercise props?
☐ Yes ☐ No: _____
14. Motivate students in a positive manner?
☐ Yes ☐ No: _____

HANDS-ON PRACTICE AND TESTING INSTRUCTIONAL SKILLS (During the hands-on practice and testing, did the Instructor...)

15. Actively participate in the clinic without taking over?

☐ Yes ☐ No: _____

INTERPERSONAL AND TEAM SKILLS (Was the Instructor... / Did the Instructor...)

16. Was respectful of fellow instructors, during their presentation times?

☐ Yes ☐ No: _____

17. Was respectful of fellow instructors at all other times?

☐ Yes ☐ No: _____

18. Was the instructor on time for the pre-class meeting and all class start times?

☐ Yes ☐ No: _____

19. Did the instructor stay for the duration of the class?

☐ Yes ☐ No: _____

20. Did the instructor work well and interact with other instructors?

☐ Yes ☐ No: _____

ADDITIONAL COMMENTS: _____

_____ (Continue on additional sheets as necessary)

LEAD INSTRUCTOR: I have observed _____ in the course of teaching this class and have and discussed my comments, concerns, and suggestions with this Instructor.

Print Name: _____ Cert. # _____

Signature: _____ Date: ____ / ____ / ____

TECHNICIAN INSTRUCTOR: I have read and discussed the above comments, concerns, and suggestions with the Lead Instructor listed above.

Print Name: _____ Cert. # _____

Signature: _____ Date: ____ / ____ / ____