

INSTRUCTOR EVALUATION FORM

Date: _____

Instructor Name: _____

OBSERVATIONS	YES	NO	COMMENT
Classroom in visitor-ready condition			
Class began on time			
Attendance properly monitored			
Instructor held a professional appearance			
Instructor conducted class in a professional manner			
Objectives of lesson stated			
Lessons logically arranged			
Instructor used aids effectively (power point, whiteboard, etc.)			
Instructor displayed knowledge of lesson/subject matter			
Instructor displayed proper rapport with trainees			
Trainees participated in lesson			
Classroom activity controlled			
Instructor displayed proper delivery of lesson/subject matter			
Instructor managed labs safely & efficiently			
Proper safety practices observed			
Lesson objectives reinforced			
Class ended on time			

Additional Notes/Comments:

Sponsor Representative/Master Trainer: _____

Signature _____