

Central Division Instructor QA Observation Summary

Instructor: _____ Discipline: _____ NSP #: _____

IT: _____ NSP #: _____ Date: _____

Status of Instructor (*Check One*): Active Mentored Candidate Returning from Inactive

Observation

Evaluation: 5 - Excellent, 4 – Good, 3 – Average, 2 – Needs Improvement, 1 – Unsatisfactory

Part 1: Six Pack Lesson Plan (*Application of Six Pack, use of lesson plan and outline*)

Was effective because: Could be more effective if:

<ul style="list-style-type: none"> • Set ... did the trainee Do something? Recall an experience? Become Curious? Appreciate value of learning? 		
<ul style="list-style-type: none"> • Objectives Behavioral. Stated at outset. Appropriate difficulty. Include information, comprehensive, and application. 		
<ul style="list-style-type: none"> • Methods, Guide the Learning (Input) Visual aids. Auditory. Kinesthetic. Two-way communication. 		
<ul style="list-style-type: none"> • Guided Practice (Output) with Feedback Positive. Specific. Immediate. 		
<ul style="list-style-type: none"> • Summary Restated objectives. Students participated. 		
<ul style="list-style-type: none"> • Evaluation Ongoing. Each objective measured. 		

Overall Evaluation of Lesson plan: _____

Part 2: Presentation Skills

Was effective because:

Could be more effective if:

<ul style="list-style-type: none">• Communication Skills Verbal used names and spoke clearly. Positive reinforcement. Non-Verbal eye contact and expression. Good Listener.		
<ul style="list-style-type: none">• Technical Content Knew material. Used correct terms. Presented clearly. Was technically correct.		

Overall Evaluation of Presentation Skills: _____

Additional Comments:

Activity Report *(Please attach copy of activity report of the Instructor or Instructor Trainee)*

Recommendations:

____ Recommend this Instructor remain on active status

____ Recommend this Instructor be placed on probationary active status for 1 year
(Repeat QA Observation Process in 1 year)

____ Recommend this Instructor be assigned to a mentor before further evaluation

____ Do not recommend this person be certified or recertified as an instructor
(Missing or incomplete activity records or not meeting local and region obligations can justify not being recertified as well as performance evaluation.)

Signature of IT: _____ **Date:** _____

Signature of Instructor: _____