

OHIO REGION OET: Senior TE Observation Form

Program Name: Senior Toboggan TE				Application Date:	
Applicant Name		NSP #	Division	Region	Patrol
			CENTRAL	OHIO	
Address			City	State	Zip Code
Email		Home Phone	Cell Phone	SR. TE: ASDW YEAR	ASDW LOCATION

SHADOWING to be completed by the Lead Instructor/Evaluator

LEAD EVALUATOR		NSP #	Phone	Email
SR TEST LOCATION: _____				DATE:

	LEAD EVALUATOR ASSESSMENT	Comments:	Met Expectations	Did Not Meet Expecrations
	Knowledge/MA		+ = -	-
	Demo Skills		+ = -	-
	Teaching Skills		+ = -	-
	<i>Commnication</i>		+ = -	-
	<i>Safety Awareness</i>		+ = -	-
	<i>Leadership</i>		+ = -	-
	People Skills		+ = -	-
	Evaluation Skills		+ = -	-
	OVERALL COMMENTS		+ = -	-

I support this candidate's appointment as a SENIOR TOBOGGAN EVALUATOR.	YES NO		Signature:	
Date:		OET Supervisor Signature:		

RETURN TO: Ohio Region OET Advisor