



Instructor On-site Evaluation Form

Name of Instructor Candidate (print name above - first, middle init, last) _____

Subject Taught for Evaluation (Print title of subject above) _____

SS#: _____

Date of Evaluation: _____

Academy Staff Evaluator (print name above) ----- *NOTE: Academy staff member must conduct the evaluation.*

Name of Academy (print name above) _____

SCORING INSTRUCTIONS: Assign a value to each item in accordance with the scale of:
0=Missing; 1=Unacceptable; 2=Poor; 3=Marginal; 4=Good; 5=Superior.
 (Include any comments regarding the performance in the comments section below.)

SCORING	PRESENTATION OF THE LESSON PLAN
	1. Was sufficient information given to support the lesson purpose?
	2. Did the presentation adequately cover the information needed to achieve the student performance objectives?
	3. Were smooth transitions made within the body of the presentation?
	4. Was the material presented in a logical sequential order?
	5. Was the presentation consistent with the lesson plan?
	6. Were new terms properly defined and explained by the instructor?
	7. Were personal experiences and/or brief anecdotes relevant and appropriate?
	DELIVERY TECHNIQUE
	8. Were the instructor's language, terminology, and pronunciation appropriate?
	9. Did the instructor speak in a clear voice?
	10. Were the instructor's volume and rate of speech appropriate?
	11. Did the instructor avoid using distracting mannerisms?
	12. Were gestures and body language used appropriately?
	13. Did the instructor speak with confidence?
	14. Was the instructor enthusiastic about the instruction?
	15. Were important points emphasized using voice variation?
	16. Was good eye contact evident throughout the presentation?
	17. Did the instructor stimulate discussion and maintain control?
	18. Were sarcasm and personal beliefs sacred to others avoided?
	19. Were sufficient and appropriate questions asked to check students' understanding?
	20. Were questions answered in an acceptable manner with correct information?
	TOTAL (80 minimum/100 maximum)

COMMENTS: _____

Student (Signature)

Evaluator (Signature)

This original form is required to **complete** your POST instructor Certification application process. If you have any questions, contact POST at (770)-732-5974.