

# MONITORING FORM FOR EMS INSTRUCTOR APPLICANT

NAME (Print) \_\_\_\_\_ DATE \_\_\_\_\_

INSTRUCTOR/COURSE LOCATION \_\_\_\_\_ EMS # \_\_\_\_\_

TOPIC(S) \_\_\_\_\_

SEGMENT MONITORED: ☐ Lecture ☐ Skills Evaluation (circle one, or both)

This evaluation serves as a basis for discussion between the Evaluator and the Instructor Candidate. A rating scale of 1-5 (lowest to highest) should be used according to the following criteria **with comments required on all items**:

- 1 - Unsatisfactory
- 2 - Fair, needs improvement
- 3 - Good, met requirements
- 4 - Commendable, consistently met and frequently exceeded requirements
- 5 - Excellent, consistently exceeded requirements

		<u>SCORE</u>	<u>COMMENTS / SUGGESTIONS</u>
I.	<u>Didactic Evaluation</u>		
A.	Introduction	_____	_____
B.	Knowledge	_____	_____
	• Demonstrates knowledge of subject	_____	_____
	• Terminology appropriate	_____	_____
C.	Teaching Qualities	_____	_____
	• Preparedness	_____	_____
	• Delivery (voice, eye contact, gestures)	_____	_____
	• Composure (confidence)	_____	_____
	• Enthusiasm	_____	_____
D.	Audiovisual/Instructional Aids	_____	_____
	• In working order	_____	_____
	• Effectively used	_____	_____

Monitored Time (Minimum 30 mins.): \_\_\_\_\_

Master EMS Instructor: \_\_\_\_\_ EMS or EMS RN#: \_\_\_\_\_  
(Signature)

Candidate: \_\_\_\_\_ EMS #: \_\_\_\_\_  
(Signature)

II.	<u>Skills Evaluation</u>		
A.	Proper Demonstration of Skills	_____	_____
B.	Skills Practice/Testing	_____	_____
	• Adequate time allowed	_____	_____
	• Adherence to Protocols	_____	_____
	• Coaching during Practice	_____	_____
	• Hands-on Technique Used	_____	_____
	• Testing separate from practice	_____	_____

Evaluator Signature: \_\_\_\_\_ EMS or EMS RN#: \_\_\_\_\_  
(Instructor II or Master Signature)

Candidate: \_\_\_\_\_ EMS #: \_\_\_\_\_  
(Signature)

**CANDIDATE MUST ACHIEVE A SCORE OF 3 OR HIGHER, IN ALL CATEGORIES, TO RECEIVE A SATISFACTORY RATING OF THE MONITORED EVENT**