INSTRUCTOR DEVELOPMENT
INSTRUCTOR ASSESSMENT

Presenter: ___________________________ Presentation Title: ___________________________
Evaluator: ___________________________ Presentation Time: ___________________________
Date: ___________________________ Location: ___________________________

I. INTRODUCTION
1. Establish credibility? Yes [ ] No [ ]
2. Gained class attention? Yes [ ] No [ ]
3. Stated purpose & need to learn? Yes [ ] No [ ]
4. Establish rapport with class? Yes [ ] No [ ]
5. Course objectives in presentation? Yes [ ] No [ ]
6. Course objectives in lesson plan? Yes [ ] No [ ]

II. BODY
1. Used lesson outline or notes? Yes [ ] No [ ]
2. Smooth topic transition? Yes [ ] No [ ]
3. Employ problem solving experiences? Yes [ ] No [ ]
4. Sustained interest throughout the lesson? Yes [ ] No [ ]

TRAINING AIDS
1. Contributed to the stated course objectives? Yes [ ] No [ ]
2. Training aids effective? Yes [ ] No [ ]
3. Training aids visible to all students? Yes [ ] No [ ]
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**VOICE TECHNIQUES**

1. Emphasized words to make a point? Yes □ No □

2. Adequate rate of speech? Yes □ No □

3. Distractive word usage (o.k., ah, er, etc.) Yes □ No □

**BODY MOVEMENT**

1. Maintained eye contact with class? Yes □ No □

2. Used natural, conversational movements? Yes □ No □

**III. REVIEW & SUMMARY**

1. Restated course main points? Yes □ No □

2. Use Questioning Techniques? Yes □ No □

3. Coped with any unexpected events? Yes □ No □ N/A □

4. Finished on time? Yes □ No □ Over-Under Time:

**Additional Comments**