

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

**Overall Evaluation of Lesson plan:** \_\_\_\_\_

**Part 2: Presentation Skills**

**Was effective because:**

**Could be more effective if:**

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

**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:** \_\_\_\_\_