

INSTRUCTOR EVALUATION/AFFILIATE REVIEW

NAME:	DATE OF REVIEW
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BLS	ACLS	PALS	OTHER
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To be completed for BLS / ACLS / PALS Instructors			
CATEGORY	Satisfactory	Excellent	Needs Improvement (Specify)
Expert Knowledge:			
* Introduces objectives/outline			
* Established importance of subject			
* Poise, confidence			
* Prepared case scenarios or content			
* Ability to respond to questions			
* Ascertains learners level of knowledge			
* Invites sharing of student experiences			
Speaker Presentation (lecture/skills station):			
* Familiarity with equipment			
* Organized, clear presentation			
* Demonstrates professionalism (appropriate attire, use of terminology, etc.)			
* Student interaction/involvement			
- verbal response			
- hands-on opportunity			
* Evaluates fairly, using current AHA guidelines and materials			
* Use of audiovisuals			
* Time Management			
* Uses current AHA materials (video, toolkit, etc.) to deliver content			

COMMENTS	
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Monitor Information:	Date:	
Print:	Signature:	
Position:	CTC Affiliation: (Required)	

To be completed for ACLS / PALS Instructors only!
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ACLS / PALS INSTRUCTOR / Regional FACULTY EVALUATION FORM (to be completed by a Regional Faculty Member)

This form must be filled out and submitted with your data form to renew your instructor status.

Date of Course Monitored		Type of course monitored	ACLS	PALS	
Audience in Class	MD/DO	RN	Paramedic	Other	

Station Monitored in this course

Stations taught in other courses

1.	
2.	
3.	

1.	
2.	
3.	

COMMENTS	
Regional Faculty Information:	Date:
Print:	Signature:
Position:	CTC Affiliation: Required