Fire Service Training
State of South Dakota
Department of Public Safety
State Fire Marshal's Office
118 W. Capitol
Pierre, SD 57501-2080

Instructor Evaluation Form

Instructor: _____ Date: _____

Course Name: _____ Evaluator (optional): _____

Instructor (1 = Unacceptable, 2 = Needs Work, 3 = Satisfactory, 4 = Very Good, 5 = Expert, N/A = Not Applicable)

		1	2	3	4	5	N/A
Presentation Skills	1. Appeared prepared and demonstrated subject knowledge						
	2. Exhibited poise and confidence						
	3. Effectively delivered (attitude, enthusiasm, voice, eye contact)						
	4. Used media effectively (flipcharts, overheads, projector, etc.)						
	5. Encouraged participation and questions						
	6. Listened effectively to participants						
	7. Handled disruptions in class						
	8. Used questioning effectively						
	9. Gave useful feedback (including answering questions)						
Format	10. Stated objectives and main points clearly at the beginning of each session						
	11. Covered main points adequately, enabling participants to meet objectives						
	12. Provided practical exercises, examples, applications, and illustrations						
	13. Summarized main points at the end of each session						
	14. Used time effectively; was concise and did not go off on tangents						
	15. Explained how the material could be used (relevancy to the workplace)						
	16. Assessed participants' comprehension						
Publicity, Registration and Facility	17. The publicity received adequately described the course						
	18. The registration process was effective						
	19. The facility provided an excellent learning environment						
	20. Overall satisfaction with the course						
	21. OVERALL INSTRUCTOR EVALUATION						

Especially for ratings of 1 or 2 above, what would you suggest the instructor do to improve?

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_____

General comments about the instructor:

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(Please write additional comments on the back of this form.)