

# Instructor Class Evaluation

Virginia Office of EMS  
Division of Educational Development  
1041 Technology Park Drive  
Glen Allen, VA 23059

804-888-9120

Course: \_\_\_\_\_ Instructor: \_\_\_\_\_  
Location: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
# Students Present: \_\_\_\_\_ Time Observed: \_\_\_\_\_  
Subject Taught: \_\_\_\_\_ Textbook: \_\_\_\_\_  
Evaluator Name: \_\_\_\_\_

1. Were the objectives of the lesson made clear? (Introduction) YES NO

If NO explain:

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2. Were distractions present within the classroom? YES NO

If YES explain:

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3. Did the Instructor seem motivated and interested in the subject? YES NO

If NO explain:

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4. Did the Instructor have command of the subject matter and the ability to transmit this knowledge to the class?  
YES NO

If NO explain:

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5. Did the Instructor command respect and control over the class? YES NO

If NO explain:

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6. Was preparation and planning evident throughout the class? YES NO

If NO explain:

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7. Was the class logically organized in its development? YES NO

If NO explain:

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8. Were the students encouraged to participate? Did they? YES NO

If NO explain:

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9. Was the selection and use of teaching aids appropriate? YES NO

If NO explain:

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10. Was the Instructor's "self presentation" satisfactory? (eye contact, grooming, mannerisms, voice patterns, etc.)  
YES NO

If NO explain:

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11. Were the subjects summarized at the end of the class? Was any type of evaluation used at that time? YES NO

If NO explain:

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12. Do you believe that there is something the Instructor has done especially well in this class? YES NO

If YES explain:

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13. What specific things do you believe might be done to improve the teaching of this class?

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14. Other comments:

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