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| **Component of Six-Pack or Skill** | **Was effective because:** | **Could have been more effective if:** |
| **Set, Did Trainees:** |  |  |
|  [ ]  Do something? *[ ]* Recall an experience? *[ ]* Become curious/want to learn?  |  |  |
| **Objectives were:** |  |  |
|  [ ]  Stated clearly? *[ ]* An appropriate level of difficulty?  |  |  |
| **Methods considered:** |  |  |
|  [ ]  Visual learners? *[ ]* Auditory learners? *[ ]* Kinesthetic learners? *[ ]* Two-way communication?  |  |  |
| **Guided Practice & Feedback was:** |  |  |
|  [ ]  Positive? *[ ]* Specific? *[ ]* Immediate? *[ ]* Tactful?  |  |  |
| **Summary included:** |  |  |
|  [ ]  Restating objectives? *[ ]* Participation by all trainees? *[ ]* Concise format?  |  |  |
| **Evaluation provided:** |  |  |
|  [ ]  Measurement of each objective?  |  |  |
| **Communication Skills** |  |  |
|  **Verbal** *[ ]* Used names *[ ]* Spoke clearly *[ ]* Positive reinforcement | **Non-Verbal**[ ]  Eye contact [ ]  Expression *[ ]* Good listener [ ]  Positioning & Movement  |  |  |
| **Technical Content** |  |  |
|  [ ]  Knows course material? *[ ]* Used correct terms? *[ ]* Presented clearly? *[ ]* Was technically correct?  |  |  |
| **General Observations/Recommendations** |

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| Instructor and Observer (IT) Information |
| Instructor Name:  | Date of Instruction: |
| Instructor’s Patrol: | Observer IT Name: |