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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  ExpressionGood 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: |