

Instructor Observation

CCR&R Instructor Name	Date
Class Title	# Participants
Series Title	Location

	No	Mostly No	Mostly Yes	Yes	N/A	Comments
1. Instructor arrived with plenty of time for prep and/or setup.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Instructor greeted and acknowledged participants as they entered the room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Instructor followed proper protocol for training guidelines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Instructor introduced him/herself, displayed his/her name and workshop title.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Instructor facilitated participant introductions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Learning objectives were stated and material presented covered the objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Instructor allowed time for questions and feedback.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Instructor engaged the class in group efforts and/or hands on activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. Instructor was knowledgeable on the topic.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10. Instructor assessed understanding of learning objectives using participants' visual, written or verbal cues.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11. Instructor appropriately utilized visual aids, video segments and handouts.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12. Instructor represented CCR&R in a respectful and professional manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Observer Signature _____

Date _____

CCR&R Instructor Observation Summary

Strengths:

Challenges:

What else would you like to share?

Next Steps:

CCR&R Instructor Signature

Observer Signature

Date

Date