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| **DEPARTMENT OF HEALTH SERVICES**  Division of Public Health  F-02205 (09/2017) | | **STATE OF WISCONSIN**  Emergency Medical Services | |
| **EMS INSTRUCTOR II EVALUATION** | | | |
| Name - Instructor  Click here to enter text. | Training Center  Click here to enter text. | | Date of Evaluation  Click here to enter date. |

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| **PLANNING & PREPARATION FOR LEARNING EVALUATION CRITERIA** | **ACCOMPLISHED/ INNOVATIVE** | **PROFICIENT/ EFFECTIVE** | **BASIC/ DEVELOPING** | **UNSATISFACTORY/ INEFFECTIVE** | **N/A** |
| **A1. Demonstrates knowledge of subject content and related skills** | Select | Select | Select | Select |  |
| Self-Evaluation: | | | | | |
| *Training Center Evaluation:* | | | | | |
| **A2. Develops a curriculum based lesson plan with learning objectives** | Select | Select | Select | Select |  |
| Self-Evaluation: | | | | | |
| *Training Center Evaluation:* | | | | | |
| **A3. Prepares materials, resources, and technology relevant to lesson plan** | Select | Select | Select | Select |  |
| Self-Evaluation: | | | | | |
| *Training Center Evaluation:* | | | | | |
| **A4. Ensure the physical environment is prepared for learning activities** | Select | Select | Select | Select |  |
| Self-Evaluation: | | | | | |
| *Training Center Evaluation:* | | | | | |
| **A5. Communicates & ensures classroom instructors/assistants are prepared** | Select | Select | Select | Select |  |
| Self-Evaluation: | | | | | |
| *Training Center Evaluation:* | | | | | |

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| **CLASSROOM MANAGEMENT EVALUATION CRITERIA** | **ACCOMPLISHED/ INNOVATIVE** | **PROFICIENT/ EFFECTIVE** | **BASIC/ DEVELOPING** | **UNSATISFACTORY/ INEFFECTIVE** | **N/A** |
| **B1. Establishes/maintains rules for safety/conduct in learning environment** | Select | Select | Select | Highly |  |
| Self-Evaluation: | | | | | |
| *Training Center Evaluation:* | | | | | |
| **B2. Demonstrates effective time management and follows course schedule** | Select | Select | Select | Select |  |
| Self-Evaluation: | | | | | |
| *Training Center Evaluation:* | | | | | |
| **B3. Communicates high expectations for performance in learning environment** | Select | Select | Select | Select |  |
| Self-Evaluation: | | | | | |
| *Training Center Evaluation:* | | | | | |
| **B4. Establishes a safe, inclusive, respectful environment for diverse students** | Select | Select | Select | Select |  |
| Self-Evaluation: | | | | | |
| *Training Center Evaluation:* | | | | | |
|  | Select | Select | Select | Select |  |
| Self-Evaluation: | | | | | |
| *Training Center Evaluation:* | | | | | |

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| **DELIVERY OF INSTRUCTION EVALUATION CRITERIA** | **ACCOMPLISHED/ INNOVATIVE** | **PROFICIENT/ EFFECTIVE** | **BASIC/ DEVELOPING** | **UNSATISFACTORY/ INEFFECTIVE** | **N/A** |
| **C1. Demonstrates knowledge of instructional material** | Select | Select | Select | Select |  |
| Self-Evaluation: | | | | | |
| *Training Center Evaluation:* | | | | | |
| **C2. Facilitates well-organized, objective driven lessons** | Select | Select | Select | Select |  |
| Self-Evaluation: | | | | | |
| *Training Center Evaluation:* | | | | | |
| **C3. Explains content clearly** | Select | Select | Select | Select |  |
| Self-Evaluation: | | | | | |
| *Training Center Evaluation:* | | | | | |
| **C4. Engages students at all levels of learning** | Select | Select | Select | Select |  |
| Self-Evaluation: | | | | | |
| *Training Center Evaluation:* | | | | | |
| **C5. Utilizes a variety of appropriate teaching methods and strategies** | Select | Select | Select | Select |  |
| Self-Evaluation: | | | | | |
| *Training Center Evaluation:* | | | | | |

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| **DELIVERY OF INSTRUCTION EVALUATION CRITERIA** | **ACCOMPLISHED/ INNOVATIVE** | **PROFICIENT/ EFFECTIVE** | **BASIC/ DEVELOPING** | **UNSATISFACTORY/ INEFFECTIVE** | **N/A** |
| **C6. Makes connections between objectives and lessons** | Select | Select | Select | Select |  |
| Self-Evaluation: | | | | | |
| *Training Center Evaluation:* | | | | | |
| **C7. Responds to/clarifies student misunderstandings to integrate learning into application** | Select | Select | Select | Select |  |
| Self-Evaluation: | | | | | |
| *Training Center Evaluation:* | | | | | |

| **MONITORING, ASSESSMENT AND FOLLOW-UP** | **ACCOMPLISHED/ INNOVATIVE** | **PROFICIENT/ EFFECTIVE** | **BASIC/ DEVELOPING** | | **UNSATISFACTORY/ INEFFECTIVE** | | **N/A** |
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| **D1. Assessments are aligned with learning objectives** | Select | Select | Select | | Select | |  |
| Self-Evaluation: | | | | | | | |
| *Training Center Evaluation:* | | | | | | | |
| **D2. Uses a variety of methods that are valid and reliable to assess learning** | Select | Select | | Select | | Select | ☐ |
| Self-Evaluation: | | | | | | | |
| *Training Center Evaluation:* | | | | | | | |
| **D3. Provides formative assessment opportunities; periodically checks student understanding** | Select | Select | | Select | | Select | ☐ |
| Self-Evaluation: | | | | | | | |
| *Training Center Evaluation:* | | | | | | | |
| **D4. Uses results of assessment to inform decision making for further instruction** | Select | Select | | Select | | Select | ☐ |
| Self-Evaluation: | | | | | | | |
| *Training Center Evaluation:* | | | | | | | |
| **D5. Provides feedback in timely, constructive and positive manner** | Select | Select | | Select | | Select | ☐ |
| Self-Evaluation: | | | | | | | |
| *Training Center Evaluation:* | | | | | | | |

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| **PROFESSIONAL RESPONSIBILITIES** | **ACCOMPLISHED/ INNOVATIVE** | **PROFICIENT/ EFFECTIVE** | **BASIC/ DEVELOPING** | | **UNSATISFACTORY/ INEFFECTIVE** | | **N/A** |
| **E1. Engages in professional development activities to promote knowledge in EMS education and adult learning** | Select | Select | Select | | Select | | ☐ |
| Self-Evaluation: | | | | | | | |
| *Training Center Evaluation:* | | | | | | | |
| **E2. Displays a model of professionalism that portrays a positive image** | Select | Select | | Select | | Select | ☐ |
| Self-Evaluation: | | | | | | | |
| *Training Center Evaluation:* | | | | | | | |
| **E3. Adheres to the policies and procedures outlined by the employing institution and DHS 110** | Select | Select | | Select | | Select | ☐ |
| Self-Evaluation: | | | | | | | |
| *Training Center Evaluation:* | | | | | | | |

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| Additional Self-Evaluation Comments: | |
| Additional Evaluator and/or Supervisor Comments: | |
| Print Instructor Name | **SIGNATURE** - Instructor Date Signed |
| Print Evaluator Name (if different than Supervisor) | **SIGNATURE -** Evaluator (if different than Supervisor) Date Signed |
| Print Supervisor Name | **SIGNATURE** - Supervisor Date Signed |