Instructor applicants shall also be evaluated by their students.

**Instructor Applicant’s Name:**

**Last First MI**

**Last Four Digits of Instructor Applicant’s Social Security Number:** **Evaluator’s Instructor Certification Expiration Date:**

**Evaluator’s Name:**

**Last First MI**

**Last Four Digits of Evaluator’s Social Security Number:**

For certification in general topics, the evaluator shall hold a General Instructor Certification. For Certification in high-liability, speed measurement, breath test, and canine topics, the evaluator shall hold a Commission-certification in the same topic being evaluated.

**Instructor Certification Categories**

**General**  **Firearms**  **Vehicle Operations**  **Defensive Tactics**  **First Aid**

**Canine Team**  **Breath Test**  **Speed Measurement**  **Diving**

**TOPIC TAUGHT:**

**1. Internship:** The instructor applicant shall be required to complete an internship that permits the applicant to demonstrate his or her skills as an instructor **in each of the competency areas, with the exception of Diving**. Instructor applicants shall be evaluated by his or her students.

**2**. Instructor applicants seeking a General Instructor Certification shall demonstrate competency by instructing in a lecture setting. Instructor applicants seeking certification in high-liability, speed measurement, and canine topics shall also demonstrate competency in instructing the proficiency areas of the course. Instructor applicants seeking certification in a high-liability or specialized topic cannot be a rangemaster or safety officer during the internship.

**3. The evaluator observed the instructor applicant:**

|  |  |
| --- | --- |
| **A Managing the classroom or range environment:** Ensured the classroom or range is set up for the course topic being instructed.  **Comments:** | **Date Observed:** |
| **B. Demonstrating communication skills:** Used verbal and non-verbal skills and maintained enthusiasm.  **Comments:** | **Date Observed:** |
| **C. Using learning aids, printed materials, audiovisual aids, and/or other instructional aids, equipment used in high-liability or specialized topics.**  **Comments:** | **Date Observed:** |

|  |  |
| --- | --- |
| **D.** **Preparing to teach the assigned block of instruction:** Had lesson plans, handouts, and equipment available that had been inspected to ensure the equipment is functioning.  **Comments:** | **Date Observed:** |
| **E.** **Teaching the assigned block of instruction:** Demonstrateda working knowledge and command of the subject matter being instructed.  **Comments:** | **Date Observed:** |
| **F. Involving students through discussion, class activities, group exercises, or proficiency demonstrations.**  **Comments:** | **Date Observed:** |
| **G.** **Assessing the effectiveness of the instruction provided through feedback, practice exercises, written examinations, or proficiency demonstration(s).**  **Comments:** | **Date Observed:** |

**4. I have observed the instructor applicant during his or her internship based on observations documented in items A – G above, and attest that all competencies were completed as documented.**

**I recommend**  **or I do not recommend**  **the instructor applicant for certification.**

**Evaluator’s Signature: Date:**

**5. The competency checklist has been reviewed with the instructor applicant: Date:**

**Reviewed with the instructor applicant by:**

**Training Center Director, Agency Administrator, or Designee Signature**

**6. The student evaluations have been reviewed with the instructor applicant and are attached: Date:**

**Reviewed with the instructor applicant by:**

**Training Center Director, Agency Administrator, or Designee Signature**

**7. The competency checklist and student evaluations have been reviewed with me and I understand that my instructor certification will not be activated for this topic area until all required documentation is reviewed and approved by Commission staff.**

**Instructor Applicant’s Signature: Date:**