

INSTRUCTOR COMPETENCY
CHECKLIST

Incorporated by Reference in Rule 11B-20.001(3)(a)3.a., F.A.C.



CJSTC
81

Instructor applicants shall also be evaluated by their students.

Instructor Applicant's Name: _____
Last First MI

Instructor Applicant's Social Security Number: _____

Evaluator's Name: _____
Last First MI

Evaluator's Social Security Number: _____

Evaluator's Instructor Certification Expiration Date: _____ (for certification in high-liability, speed measurement, breath test, and canine topics the evaluator shall be a Commission-certified instructor in the same topic being evaluated)

Instructor Certification Categories					
General <input type="checkbox"/>	Firearms <input type="checkbox"/>	Vehicle Operations <input type="checkbox"/>	Defensive Tactics <input type="checkbox"/>	First Aid <input type="checkbox"/>	
Law <input type="checkbox"/>	Canine Team <input type="checkbox"/>	Breath Test <input type="checkbox"/>	Speed Measurement <input type="checkbox"/>		
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. Instructor applicants shall be evaluated by his or her students. Instructor applicants seeking certification in high-liability, speed measurement, and canine topics shall show competency in both classroom and/or lecture settings and in the performance areas of the course. The instructor applicant cannot be a rangemaster or safety officer during the internship.
2. **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. 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: _____

<p>E. Teaching the assigned block of instruction: Demonstrated a working knowledge and command of the subject matter being instructed.</p> <p>Comments: _____ _____</p>	<p>Date Observed: _____</p>
<p>F. Involving students through discussion, class activities, group exercises, <u>OR</u> applicable proficiency demonstrations documented on the following forms:</p> <ol style="list-style-type: none"> 1) Role-Play Practicum Check Sheet form CJSTC-3; 2) CMS Firearms Performance Evaluation form CJSTC-4 CMS; 3) CMS First Aid Performance Evaluation form CJSTC-5 CMS; 4) CMS Defensive Tactics Performance Evaluation form CJSTC-6 CMS; 5) CMS Vehicle Operations Performance Evaluation form CJSTC-7 CMS; 6) Speed Measurement Device Instructor Field Evaluation form CJSTC-10; 7) Speed Measurement Operator Performance Report form CJSTC-11; 8) Patrol Duty Canine Team Proficiency Examination and Equivalency form CJSTC-83; or 9) Law Enforcement Officer Firearms Qualification Standard form CJSTC-86A. <p>Comments: _____ _____</p>	<p>Date Observed: _____</p>
<p>G. Assessing the effectiveness of the instruction provided through feedback, practice exercises, or proficiency demonstration(s) documented on the forms listed in item "F" above.</p> <p>Comments: _____ _____</p>	<p>Date Observed: _____</p>

3. 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: _____

4. The competency checklist has been reviewed with the instructor applicant: Date: _____

Reviewed with the instructor applicant by: _____
Training Center Director, Agency Administrator, or Designee

5. 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

6. 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: _____