



Florida Department of Law Enforcement

# INSTRUCTOR COMPETENCY CHECKLIST

Incorporated by Reference in Rules 11B-20.001(3)(a)3.a., and 11B-20.0014(1)(d), F.A.C.



CJSTC  
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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

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.
- 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.
- The evaluator observed the instructor applicant:

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

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

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: \_\_\_\_\_