



CBRF CONSULTANT EVALUATION FORM

CBRF Training and Registry Services

The Training Consultant must observe and complete the following evaluation for the first class the instructor teaches under his/her approval, and then one training annually thereafter. The instructor must submit this evaluation with his/her renewal application.

Topic: <input type="radio"/> Fire Safety <input type="radio"/> Medication Administration <input type="radio"/> Standard Precautions	Instructor Name:
	Training Date:
	Training Location:
Consultant Name:	
Consultant Phone #:	
Consultant E-mail Address:	Length of Training (in hours):
	Number of Participants:

Did the Instructor:

Question	YES	NO
Create an atmosphere of learning?	<input type="checkbox"/>	<input type="checkbox"/>
Set clear objectives?	<input type="checkbox"/>	<input type="checkbox"/>
Provide a positive training?	<input type="checkbox"/>	<input type="checkbox"/>
Command interest in his/her presentation style?	<input type="checkbox"/>	<input type="checkbox"/>
Encourage participation?	<input type="checkbox"/>	<input type="checkbox"/>
Follow the curriculum?	<input type="checkbox"/>	<input type="checkbox"/>
Weave his/her life experience into the presentation?	<input type="checkbox"/>	<input type="checkbox"/>
Did the experiences add interest and/or impact to the training?	<input type="checkbox"/>	<input type="checkbox"/>
Use appropriate visual aids and/or other training aids?	<input type="checkbox"/>	<input type="checkbox"/>
Did the aids add interest and/or impact to the training?	<input type="checkbox"/>	<input type="checkbox"/>
Give each attendee a participant guide to use during the class, during the test and to keep?	<input type="checkbox"/>	<input type="checkbox"/>
Conduct an open book competency test?	<input type="checkbox"/>	<input type="checkbox"/>
Pass only those participants earning a 90% or greater score on the test?	<input type="checkbox"/>	<input type="checkbox"/>
Provide information and directions on completing a class evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
Answer participants' questions appropriately?	<input type="checkbox"/>	<input type="checkbox"/>
Encourage the sharing of "best practices" among the participants?	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrate knowledge of the training topic?	<input type="checkbox"/>	<input type="checkbox"/>
Additional Comments:		

Keep this evaluation for your records and provide a copy to the instructor.

Signature: _____ **Date:** _____