Vermont EMS Instructor/Coordinator Peer Mentoring Program

Comprehensive Evaluation Form

Please complete this form at the end of the 4-hour observation period.

Candidate Name: _____

Supervising I/C: _____

Instructions: Each item is worth up to 5 points.

A. Preparation

____ Appearance
Lesson plan organization
____ Preparation and materials
____ Presentation
____ Time
____ *Content matches objectives

B. Presentation

____ Establishes need to know and states behavioral objectives
____ *Subject matter is consistent with current standards of emergency medical practice
____ *Presents material at appropriate educational level for students
____ Establishes and holds audience attention
____ Voice is clear, understandable and used properly for emphasis
____ Uses gestures appropriately
____ Elicits student participation
____ Gives proper feedback to questions
____ Uses two appropriate AV media
____ Covers material per lesson plan

C. Application

____ *Demonstrates skill
____ *Presents theory of demonstrated skill

D. Evaluation

____ Summary
____ Questions students to ensure understanding
____ *Demonstrates ability to evaluate students' progress toward psychomotor competency

____ **TOTAL POINTS AWARDED**
Max = 100; Passing ≥ 80

NOTE: All candidates must pass all critical criteria and earn a minimum of 80 points. The critical criteria are marked with an asterisk (*).

Comments

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Please return this form to:
Vermont Dept. of Health – EMS
Post Office Box 70
Burlington, VT 05402