



Vermont EMS Instructor/Coordinator Peer Mentor Program

Presentation Observation Form

Please complete this form for each presentation session



I/C Candidate Name: _____

Observational Period:

Initial 4 hours

Location(s): _____

Date(s): _____

Additional hours

Location(s): _____

Supervising I/C Name: _____

I/C candidate strengths

- 1. _____
- 2. _____
- 3. _____

Suggestions for improvement

- 1. _____
- 2. _____
- 3. _____

Impression of Peer Mentor:

- IC demonstrated satisfactory (or better than satisfactory) performance as an IC.
- IC needs to improve significantly (please explain below). Additional mentoring required.

Comments: _____

Supervising I/C signature _____ Date _____

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