Instructor Evaluation of Trainee

Provide a copy of this form to the Supervising Instructor for each Observation/Bench Assist, Co-Teach, and Supervised Teach.

Trainee Name _____

Class _____ Class Dates _____

Location _____

Evaluating Instructor _____

Number of units/hours _____ Number of students in class _____

Check all that apply to this class:

☐ Observation ☐ Bench Assist ☐ Bench Assist with Demos/Presentations

☐ Co-Teach ☐ Supervised Teach ☐ In-Person ☐ Online

(Attach additional sheets if necessary)

Instructor's observations, feedback and suggestions: _____

Supervising Instructor Signature _____ Date _____

Reviewing Advisor Signature _____ Date _____

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