

## **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 Dates	
	tor		
	ours Number of		
Check all that app	ly to this class:		
☐ Observation ☐ Bench Assist		☐ Bench Assist with Demos/Presentations	
_ ☐ Co-Teach		_ □ In-Person	☐ Online
	sheets if necessary)	_	
		C.	
Instructor's observ	ations, feedback and sugg	jestions:	
Supervising Instructor Signature			Date
Reviewing Advisor	r Signature		Date _