

# NSP OEC INSTRUCTOR OBSERVATION AND IT SIGN-OFF FORM

Please check skills observed and comment in space provided if appropriate.

Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

Course: Basic \_\_\_ Challenge \_\_\_ Refresher \_\_\_ On-hill \_\_\_ Continuing Education \_\_\_

List topic(s) and skills taught:

<b>OBSERVED SKILL</b>	<b>COMMENTS</b> Consider effectiveness <i>or</i> how he/she could be more effective.
<b><u>SET</u></b> —Did instructor: <ul style="list-style-type: none"> <li><input type="checkbox"/> Do something?</li> <li><input type="checkbox"/> Recall an experience?</li> <li><input type="checkbox"/> Become curious?</li> <li><input type="checkbox"/> Appreciate the value of learning?</li> </ul>	
<b><u>OBJECTIVES</u></b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Behavioral</li> <li><input type="checkbox"/> Stated at outset</li> <li><input type="checkbox"/> Appropriate difficulty</li> <li><input type="checkbox"/> Incl. information, comprehension &amp; application</li> </ul>	
<b><u>METHODS</u></b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Visual aids</li> <li><input type="checkbox"/> Auditory</li> <li><input type="checkbox"/> Kinesthetic</li> <li><input type="checkbox"/> Two-way communication</li> </ul>	
<b><u>LEARNING ACTIVITY</u></b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Positive</li> <li><input type="checkbox"/> Specific</li> <li><input type="checkbox"/> Immediate</li> </ul>	
<b><u>SUMMARY</u></b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Restated objectives</li> <li><input type="checkbox"/> Trainees participated</li> </ul>	
<b><u>EVALUATION</u></b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Each objective measured</li> </ul>	
<b><u>COMMUNICATION SKILLS</u></b> <b>Verbal</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Used names</li> <li><input type="checkbox"/> Spoke clearly</li> <li><input type="checkbox"/> Positive reinforcement</li> </ul> <b>Nonverbal</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Eye contact</li> <li><input type="checkbox"/> Voice</li> <li><input type="checkbox"/> Expression</li> <li><input type="checkbox"/> Seating</li> <li><input type="checkbox"/> Movement</li> <li><input type="checkbox"/> Good listener</li> </ul>	
<b><u>TECHNICAL CONTENT</u></b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Knew material</li> <li><input type="checkbox"/> Used correct terms</li> <li><input type="checkbox"/> Presented it clearly</li> <li><input type="checkbox"/> Was technically correct</li> <li><input type="checkbox"/> Stressed objective over technique</li> </ul>	

Instructor Trainer: \_\_\_\_\_