

## Georgia Office of EMS and Trauma EMS Instructor/Coordinator Internship Didactic Presentation Evaluation Sheet

This form must be completed and uploaded for EACH Date that the Instructor/Coordinator Candidate is being evaluated for their Didactic Presentations as part of the Internship process.

Candidate Full Name    I/C Level Applying For   Date of Evaluation   End T	INSTRUCTOR/COORDINATOR CANDIDATE INFORMATION									
I/C (EMT)   I/C (AEMT)   I/C (AEMT)   I/C (AEMT)   I/C (Paramedic)   I/C (Paramedic)   I/C (Paramedic)   OEMS Course Approval Number Name (Where Clinical Coordination was done)   EMT   AEMT   Paramedic   Paramedic	ne									
(AEMT)    I/C (Paramedic)    I/C (Paramedic)    OEMS Course Approval Number										
EMS Initial Education Program Name (Where Clinical Coordination was done)  BMT AEMT Paramedic										
EMS Initial Education Program Name (Where Clinical Coordination was done)  BMT AEMT Paramedic  Course Level OEMS Course Approval Number  OEMS Course Approval Number										
Name (Where Clinical Coordination was done)  BMT AEMT Paramedic										
(Where Clinical Coordination was done)  BMT AEMT Paramedic										
done)  DEMT DAEMT Department Depa										
☐ EMT ☐ AEMT ☐ Paramedic										
☐ Paramedic										
DETAILED DESCRIPTION OF DIDACTIC PRESENTATION GIVEN										
	DETAILED DESCRIPTION OF DIDACTIC PRESENTATION GIVEN									
EVALUATION INSTRUCTIONS										

Each criterion must be rated by the Instructor/Coordinator Candidate FIRST and rated by the preceptor SECOND. Mark candidate ratings in the column marked "C" and preceptors in column "P." Candidates Comment on any discrepancies below. Preceptors complete shaded sections.

**RATING SCALE:** NA = Not applicable- not needed or expected. 0 = Unsuccessful - required excessive or critical prompting; includes "Not attempted" when candidate was expected to try. 1 = Marginal - inconsistent, not yet competent. 2 = Successful/competent - no prompting

Criteria	Rating	Comments
	C P	

Page **1** of **3** Form REV 11/17/2020

PREPARATION						
Were equipment and materials all in place and ready?						
Rate the quality of the objectives.						
Rate the completeness of the lesson plan.						
		10 G	Commonts			
<b>Criteria</b>	Rati C	ng P				
PRESENTATION						
Did the candidate introduce him/herself?						
Did the candidate tell the group enough about the lesson to						
make it interesting yet keep the introduction brief?						
Did the candidate find out what the group knew about the						
presentation at hand?						
Did the candidate demonstrate and/or present one important						
piece of information at a time?						
Was the material presented in an organized fashion?						
How well did the candidate stress the key points?						
Did the candidate summarize the information at various						
points during thepresentation?						
Did the candidate explain the information clearly and						
completely?						
Did the candidate summarize the entire presentation?						
Did the candidate follow the content of the lesson plan?						
Did the candidate adhere to the time limit?						
QUESTIONING						
Did the candidate use questioning to spot-check his/her						
instruction or stress important points?						
Did the candidate encourage active participation with the						
use of questions?						
Did the candidate encourage the student who supplied a						
wrong answer?						
INSTRUCTIONAL MEDIA						
Did the media have a direct relationship with the topic?						
Did the candidate present the media at an appropriate time for the student to understand its relationship to the subject?						
Did the candidate use the media effectively (proper introduction						
and summary of videotape, audio tape, etc.)?						
Was the media used with little or no disruption of the presentation						
(was the media preset, was equipment working properly,etc.)?						
COMMUNICATION						
Did the candidate use positive communication in the verbal presentation (did the candidate avoid making excuses for the						
topic, apologizing, etc.)?						
Did the candidate speak clearly, distinctly, and with sufficient						
volume?						
Did the candidate speak at an appropriate pace?						
Did the candidate maintain adequate eye contact with the group?						
Did the candidate avoid distracting habits (such as excessive hand						
gestures or repeating words like "um" or "okay")?						
APPEARANCE  Did the condidate appear at case?						
Did the candidate appear at ease?						
Was the candidate neatly attired?						
OVERALL RATING						
Please give your rating for the presentation.						

Page **2** of **3** Form REV 11/17/2020

CANDIDATE/COORDINATOR CA	NDIDATE SELF ASSESSMENT COMMENTS	S/ACTION PLAN FOR IMPROVEMENT
ADDITIONAL P	RECEPTOR COMMENTS/ACTION PLAN F	OR IMPROVEMENT
SICI	NATURES ALL SIGNATURES MUST RE O	DICINAL
I Agree to the above ratings,	NATURES - ALL SIGNATURES MUST BE O CANDIDATE	PRECEPTOR
comments, and improvement	CANDIDATE	FRECEFIOR
plan.		
Printed Name and Title		
Current EMS I/C License Level		
Current EMS I/C License Number		
Signature		
Date Signed		

Page **3** of **3** Form REV 11/17/2020