

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

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

INSTRUCTOR/COORDINATOR CANDIDATE INFORMATION				
Candidate Full Name	I/C Level Applying For	Date of	Start Time	End Time
		Evaluation		
	□ I/C (EMT) □ I/C			
	(AEMT)			
	☐ I/C (Paramedic)			
EMS Initial Education Program	Course Level	OEMS Course	Approval Nu	mber
Name				
(Where Clinical Coordination was				
done)				
	□ EMT □ AEMT			
	☐ Paramedic			
DET	AILED DESCRIPTION OF SKILLS	PRESENTED		
	EVALUATION INSTRUCTION	ONS		

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	

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PREPARATION		
Did the instructor have everything ready (lesson plan,		
objectives, etc.)?		

Criteria		ting	Comments
NITATION	C	Р	
NTATION	T		
e instructor introduce him/herself?			
e instructor keep the introduction brief, yet			
ting?			
e instructor demonstrate and/or present one			
ant piece of information at a time?			
e material presented in an organized fashion?			
e instructor check to make sure that the student			
d the material using a grading rubric?			
e instructor respond to the learners' questions			
riately?			
e instructor adhere to the time limit?			
e candidate properly express to the learners that			
one properly in the classroom setting should be			
he same way in the field setting?			
e instructor point out each step required to complete			
e instructor correctly perform the skill?			
e instructor give directions while the learner			
med the skill?			
e instructor correct errors properly?			
Υ			
e instructor address any safety concerns with the			
ted skills/lab?			
MUNICATION			
e instructor speak clearly, distinctly, and with			
ent volume?			
e instructor speak at an appropriate pace?			
e instructor avoid distracting habits (such as			
ive hand gestures or words like "um" or "okay")?			
e instructor maintain adequate eye contact with the			
• •			
ALL RATING			
give your rating for the presentation.			

INSTRUCTOR/COORDINATOR CANDIDATE SELF ASSESSMENT COMMENTS/ACTION PLAN FOR IMPROVEMENT

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ADDITIONALD	DECEDED COMMENTS (ACTION DIA	N FOR IMPROVEMENT			
ADDITIONAL P	RECEPTOR COMMENTS/ACTION PLA	N FOR IMPROVEMENT			
SIGNATURES - ALL SIGNATURES MUST BE ORIGINAL					
I Agree to the above ratings,	CANDIDATE	PRECEPTOR			
comments, and improvement	G/11(B)(B)(1)	T NEGET TON			
plan.					
Printed Name and Title					
rinited Name and Title					
Current EMS I/C License Level					
Current EMS I/C License Level					
Current EMS I/C License Number					
Signature					
5 . 6					
Date Signed					

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