

NAME:		TRAINING TOPIC:				
WHAT TO DO	COURSE NUMBER	DATE	TIME	LEAD INSTRUCTOR	INSTRUCTOR SIGNATURE	FEEDBACK REPORT FILLED OUT?
Watch Video (2 hours)						
Schedule Teachback (2 hours)						
Watch Live Class (3 hours)						
Co-teach middle hour (3 hours)						
Co-teach middle hour (3 hours)						
Co-teach last hour (3 hours)						
Co-teach last hour (3 hours)						
Co-teach first hour (3 hours)						
Co-teach first hour (3 hours)						

\*\*\* CONFIDENTIAL \*\*\*

# CO-TEACHER EVALUATION FORM

LEAD INSTRUCTOR NAME:

TRAINEE NAME:

COURSE NUMBER:

TOPIC:

DATE:

TIME:

1) Lead Instructor, please rate the Teacher Trainee from 1-10 on each of the following categories:

Criterion	Score (1-10)	Comments
<b>Knowledge of Material</b>		
<b>Correctness of Explanation</b>		
<b>Clarity of Explanation</b>		
<b>Thoroughness of Explanation</b>		
<b>Handwriting &amp; Board Technique</b>		
<b>Voice Projection</b>		
<b>Learning of Student Names</b>		
<b>Interactivity &amp; Student Rapport</b>		
<b>Entertainment &amp; Humor</b>		
<b>OVERALL</b>		

THERE ARE MORE QUESTIONS ON THE BACK 

2) Please specify the following in reference to the time and pages numbers covered by the trainee:

START TIME:

END TIME:

START PAGE NUMBER:

END PAGE NUMBER:

3) Please specify three things the trainee did well:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4) Please specify three ways that this trainee can improve:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

5) What mistakes did the trainee make?

6) In your opinion as the Lead Instructor, is this trainee qualified to teach classes on his/her own? Why or why not?

LEAD INSTRUCTOR - SIGN YOUR NAME \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

**\*\*\* TRAINEE MUST TURN THIS FORM IN WITH TIME SHEET TO GET PAID FOR TRAINING \*\*\***

# CO-TEACHER EVALUATION FORM

LEAD INSTRUCTOR NAME:

TRAINEE NAME:

COURSE NUMBER:

TOPIC:

DATE:

TIME:

1) Lead Instructor, please rate the Teacher Trainee from 1-10 on each of the following categories:

Criterion	Score (1-10)	Comments
<b>Knowledge of Material</b>		
<b>Correctness of Explanation</b>		
<b>Clarity of Explanation</b>		
<b>Thoroughness of Explanation</b>		
<b>Handwriting &amp; Board Technique</b>		
<b>Voice Projection</b>		
<b>Learning of Student Names</b>		
<b>Interactivity &amp; Student Rapport</b>		
<b>Entertainment &amp; Humor</b>		
<b>OVERALL</b>		

THERE ARE MORE QUESTIONS ON THE BACK 

2) Please specify the following in reference to the time and pages numbers covered by the trainee:

START TIME:

END TIME:

START PAGE NUMBER:

END PAGE NUMBER:

3) Please specify three things the trainee did well:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4) Please specify three ways that this trainee can improve:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

5) What mistakes did the trainee make?

6) In your opinion as the Lead Instructor, is this trainee qualified to teach classes on his/her own? Why or why not?

LEAD INSTRUCTOR - SIGN YOUR NAME \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

**\*\*\* TRAINEE MUST TURN THIS FORM IN WITH TIME SHEET TO GET PAID FOR TRAINING \*\*\***

# CO-TEACHER EVALULATION FORM

LEAD INSTRUCTOR NAME:

TRAINEE NAME:

COURSE NUMBER:

TOPIC:

DATE:

TIME:

1) Lead Instructor, please rate the Teacher Trainee from 1-10 on each of the following categories:

Criterion	Score (1-10)	Comments
<b>Knowledge of Material</b>		
<b>Correctness of Explanation</b>		
<b>Clarity of Explanation</b>		
<b>Thoroughness of Explanation</b>		
<b>Handwriting &amp; Board Technique</b>		
<b>Voice Projection</b>		
<b>Learning of Student Names</b>		
<b>Interactivity &amp; Student Rapport</b>		
<b>Entertainment &amp; Humor</b>		
<b>OVERALL</b>		

THERE ARE MORE QUESTIONS ON THE BACK

2) Please specify the following in reference to the time and pages numbers covered by the trainee:

START TIME:

END TIME:

START PAGE NUMBER:

END PAGE NUMBER:

3) Please specify three things the trainee did well:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4) Please specify three ways that this trainee can improve:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

5) What mistakes did the trainee make?

6) In your opinion as the Lead Instructor, is this trainee qualified to teach classes on his/her own? Why or why not?

LEAD INSTRUCTOR - SIGN YOUR NAME \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

**\*\*\* TRAINEE MUST TURN THIS FORM IN WITH TIME SHEET TO GET PAID FOR TRAINING \*\*\***



# CO-TEACHER EVALUATION FORM

LEAD INSTRUCTOR NAME:

TRAINEE NAME:

COURSE NUMBER:

TOPIC:

DATE:

TIME:

1) Lead Instructor, please rate the Teacher Trainee from 1-10 on each of the following categories:

Criterion	Score (1-10)	Comments
<b>Knowledge of Material</b>		
<b>Correctness of Explanation</b>		
<b>Clarity of Explanation</b>		
<b>Thoroughness of Explanation</b>		
<b>Handwriting &amp; Board Technique</b>		
<b>Voice Projection</b>		
<b>Learning of Student Names</b>		
<b>Interactivity &amp; Student Rapport</b>		
<b>Entertainment &amp; Humor</b>		
<b>OVERALL</b>		

2) Please specify the following in reference to the time and pages numbers covered by the trainee:

START TIME:

END TIME:

START PAGE NUMBER:

END PAGE NUMBER:

3) Please specify three things the trainee did well:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4) Please specify three ways that this trainee can improve:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

5) What mistakes did the trainee make?

6) In your opinion as the Lead Instructor, is this trainee qualified to teach classes on his/her own? Why or why not?

LEAD INSTRUCTOR - SIGN YOUR NAME \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

**\*\*\* TRAINEE MUST TURN THIS FORM IN WITH TIME SHEET TO GET PAID FOR TRAINING \*\*\***

# CO-TEACHER EVALUATION FORM

LEAD INSTRUCTOR NAME:

TRAINEE NAME:

COURSE NUMBER:

TOPIC:

DATE:

TIME:

1) Lead Instructor, please rate the Teacher Trainee from 1-10 on each of the following categories:

Criterion	Score (1-10)	Comments
<b>Knowledge of Material</b>		
<b>Correctness of Explanation</b>		
<b>Clarity of Explanation</b>		
<b>Thoroughness of Explanation</b>		
<b>Handwriting &amp; Board Technique</b>		
<b>Voice Projection</b>		
<b>Learning of Student Names</b>		
<b>Interactivity &amp; Student Rapport</b>		
<b>Entertainment &amp; Humor</b>		
<b>OVERALL</b>		

THERE ARE MORE QUESTIONS ON THE BACK 

2) Please specify the following in reference to the time and pages numbers covered by the trainee:

START TIME:

END TIME:

START PAGE NUMBER:

END PAGE NUMBER:

3) Please specify three things the trainee did well:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4) Please specify three ways that this trainee can improve:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

5) What mistakes did the trainee make?

6) In your opinion as the Lead Instructor, is this trainee qualified to teach classes on his/her own? Why or why not?

LEAD INSTRUCTOR - SIGN YOUR NAME \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

**\*\*\* TRAINEE MUST TURN THIS FORM IN WITH TIME SHEET TO GET PAID FOR TRAINING \*\*\***

# CO-TEACHER EVALULATION FORM

LEAD INSTRUCTOR NAME:

TRAINEE NAME:

COURSE NUMBER:

TOPIC:

DATE:

TIME:

1) Lead Instructor, please rate the Teacher Trainee from 1-10 on each of the following categories:

Criterion	Score (1-10)	Comments
<b>Knowledge of Material</b>		
<b>Correctness of Explanation</b>		
<b>Clarity of Explanation</b>		
<b>Thoroughness of Explanation</b>		
<b>Handwriting &amp; Board Technique</b>		
<b>Voice Projection</b>		
<b>Learning of Student Names</b>		
<b>Interactivity &amp; Student Rapport</b>		
<b>Entertainment &amp; Humor</b>		
<b>OVERALL</b>		

2) Please specify the following in reference to the time and pages numbers covered by the trainee:

START TIME:

END TIME:

START PAGE NUMBER:

END PAGE NUMBER:

3) Please specify three things the trainee did well:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4) Please specify three ways that this trainee can improve:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

5) What mistakes did the trainee make?

6) In your opinion as the Lead Instructor, is this trainee qualified to teach classes on his/her own? Why or why not?

LEAD INSTRUCTOR - SIGN YOUR NAME \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

**\*\*\* TRAINEE MUST TURN THIS FORM IN WITH TIME SHEET TO GET PAID FOR TRAINING \*\*\***

# CO-TEACHER EVALULATION FORM

LEAD INSTRUCTOR NAME:

TRAINEE NAME:

COURSE NUMBER:

TOPIC:

DATE:

TIME:

1) Lead Instructor, please rate the Teacher Trainee from 1-10 on each of the following categories:

Criterion	Score (1-10)	Comments
<b>Knowledge of Material</b>		
<b>Correctness of Explanation</b>		
<b>Clarity of Explanation</b>		
<b>Thoroughness of Explanation</b>		
<b>Handwriting &amp; Board Technique</b>		
<b>Voice Projection</b>		
<b>Learning of Student Names</b>		
<b>Interactivity &amp; Student Rapport</b>		
<b>Entertainment &amp; Humor</b>		
<b>OVERALL</b>		

THERE ARE MORE QUESTIONS ON THE BACK 

2) Please specify the following in reference to the time and pages numbers covered by the trainee:

START TIME:

END TIME:

START PAGE NUMBER:

END PAGE NUMBER:

3) Please specify three things the trainee did well:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4) Please specify three ways that this trainee can improve:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

5) What mistakes did the trainee make?

6) In your opinion as the Lead Instructor, is this trainee qualified to teach classes on his/her own? Why or why not?

LEAD INSTRUCTOR - SIGN YOUR NAME \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

**\*\*\* TRAINEE MUST TURN THIS FORM IN WITH TIME SHEET TO GET PAID FOR TRAINING \*\*\***



# CO-TEACHER EVALUATION FORM

LEAD INSTRUCTOR NAME:

TRAINEE NAME:

COURSE NUMBER:

TOPIC:

DATE:

TIME:

1) Lead Instructor, please rate the Teacher Trainee from 1-10 on each of the following categories:

Criterion	Score (1-10)	Comments
<b>Knowledge of Material</b>		
<b>Correctness of Explanation</b>		
<b>Clarity of Explanation</b>		
<b>Thoroughness of Explanation</b>		
<b>Handwriting &amp; Board Technique</b>		
<b>Voice Projection</b>		
<b>Learning of Student Names</b>		
<b>Interactivity &amp; Student Rapport</b>		
<b>Entertainment &amp; Humor</b>		
<b>OVERALL</b>		

THERE ARE MORE QUESTIONS ON THE BACK 

2) Please specify the following in reference to the time and pages numbers covered by the trainee:

START TIME:

END TIME:

START PAGE NUMBER:

END PAGE NUMBER:

3) Please specify three things the trainee did well:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4) Please specify three ways that this trainee can improve:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

5) What mistakes did the trainee make?

6) In your opinion as the Lead Instructor, is this trainee qualified to teach classes on his/her own? Why or why not?

LEAD INSTRUCTOR - SIGN YOUR NAME \_\_\_\_\_

TODAY'S DATE \_\_\_\_\_

**\*\*\* TRAINEE MUST TURN THIS FORM IN WITH TIME SHEET TO GET PAID FOR TRAINING \*\*\***