

INSTRUCTOR COURSE EVALUATION FORMS**Final Evaluation Form**

Name: _____ Course Date: _____

Course Site: _____ Course Serial # _____-I

Rating: S = Successful IRM = Incomplete/Remedial IRC = Incomplete/Repeat Course**Note:** Comments are required if the student has an incomplete status in any of these categories.

REQUIRED PERFORMANCE	RATING	COMMENTS
Attended entire course: (If incomplete, identify portions of course student needs to complete)		
Microteaching Sessions Lecture: _____ Skills Teaching: Station Taught _____ Initial Assessment Teaching and Critiquing Skills: Patient Taught _____		
General Criteria: Commitment to trauma care Commitment to ATLS principles and philosophies Attitude of model instructor Communication skills Commitment to teaching ATLS		

OVERALL STATUS: S IRM IRC Instructor Candidate