

Evaluator Assessment of Competency

(Please print names clearly)

Evaluator: _____ **Monitor:** _____

Date _____

Evaluation required for:

Initial Evaluator Qualification

Evaluator Re-qualification

Circle Exam Level: Level 2 Level 3

Exam Location: _____

Exam Date: _____

Start Time: _____ End Time: _____

Number of Candidates: _____

Scale: 3 = above standard 2 = standard 1 = below standard NA = not applicable

Preparation

Classroom setup _____

Equipment _____

Exam banks set up _____

ID requested _____

Presentation

Guidelines – preamble _____

Objectives clear _____

Expectations clear _____

Examinations

Scenario's clearly presented _____

Explanations clear & concise _____

Evaluator Assessment of Competency

Info provided as needed	<input type="checkbox"/>	_____
Attentive to candidate's needs	<input type="checkbox"/>	_____
Questions effective	<input type="checkbox"/>	_____
Time management	<input type="checkbox"/>	_____
Students respected	<input type="checkbox"/>	_____
Student Evaluation		
All errors graded	<input type="checkbox"/>	_____
Grading criteria adhered to	<input type="checkbox"/>	_____
Standards consistent	<input type="checkbox"/>	_____
Effective communication	<input type="checkbox"/>	_____

General Comments/Recommendations:

Record of Competency

Candidate competent Re-qualified for six months
or
Remediation Required Attach remediation plan

_____	_____
Monitor Signature (on behalf of)	Date
_____	_____
Agency	Phone
_____	_____
Evaluator Candidate Signature	Date