

**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
<b>Attended entire course:</b> (If incomplete, identify portions of course student needs to complete)		
<b>Microteaching Sessions</b>  Lecture: _____   Skills Teaching: Station Taught _____   Initial Assessment Teaching and Critiquing Skills: Patient Taught _____		
<b>General Criteria:</b>  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