

**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