



National Training and Development Commission
Trainer Evaluation Form

Class Name:	_____
Trainer:	_____
Observer:	_____
Date	_____
Location:	_____

INSTRUCTIONS: Please rate the trainer's competency on each item with the scale of 1 - 4, where 4 is the highest rating. This form is intended to be used with the Scoring Rubric. [NOTE: A score of 1 matches the scoring rubric's Unacceptable description. A score of 2 matches the scoring rubric's Needs Improvement description. A score of 3 matches the scoring rubric's Skilled description. A score of 4 matches the scoring rubric's Mastery description.] If a score of 1, 2, or 4 is given, please provide a narrative about that score (i.e. if a 1 or 2 is given, this narrative should address any changes that should be made; if a 4 is given, please provide a rationale for the rating of 4).

1 UNACCEPTABLE 2 NEEDS IMPROVEMENT 3 SKILLED 4 MASTER
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A: CONTENT OF THE TRAINING:		1	2	3	4
1.	Management of Instructional Materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Delivery and Knowledge of Content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Activities and Assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Clarity of Objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is research up to date?	Unknown <input type="checkbox"/>	NA <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Suggested areas of comment: strengths of the trainer; challenges of the trainer; training room dynamics that may have affected the training/trainer; trainee dynamics that may have affected the training/trainer.

B: GROUP DYNAMICS		1	2	3	4
1.	Interactions with Participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	Response to Participants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	Discussion Techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	Management of Transitions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	Quality of Questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	Integrates Diversity into Curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggested areas of comment: trainer was engaging, clear, and effective; trainer stimulated discussions; trainer was responsive to participants; trainer displayed a clear understanding of the subject matter; trainer made effective use of a variety of training methods [lecture, facilitated discussions, small-group breakouts, role plays, case examples, technology, handouts].

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C: PRESENTATION & FACILITATION	1	2	3	4
1. Checking for Understanding and Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Provides Learning Opportunity for a Variety of Learning Styles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Oral and Written Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Knowledge of Participants Skills and Experience Level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Suggested areas of comment: strengths of the trainer; challenges of the trainer; training room dynamics that may have affected the training/trainer; trainee dynamics that may have affected the training/trainer.

D: DEVELOPMENT PLAN & SUGGESTIONS