



### Trainer Observation Assessment Form

*This form is to be used by Perth Boat School to give constructive feedback to a Trainer.*

The Perth Boat School will :

- Advise the Trainer that this checklist will be used to give feedback on their performance. It is therefore preferable to give as much notice as possible about this checklist's requirements.
- While observing the training session, tick the box that best represents the Trainer's performance in each area, using the columns, as outlined below:

	Requires Further Evidence	Yes
Tick the box in the column titled ' <b>Requires Further Evidence</b> ', if you are unsure if the Trainer has provided sufficient evidence to fully satisfy the criteria	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Tick the box in the column titled ' <b>Yes</b> ', if you are fully satisfied that the Trainer has meet the criteria specified	<input type="checkbox"/>	<input checked="" type="checkbox"/>

- Be as inconspicuous as possible, eg. at the side/rear of the training room, and not interrupt or be part of the training session. This allows them to observe all aspects of the training session, and not be side-tracked.
- At the conclusion of the session, use the checklist to give verbal feedback to the Trainer. The response from the Trainer may also be included, after the verbal feedback has been given.

Trainer Name: \_\_\_\_\_

Course: \_\_\_\_\_ Date: \_\_\_\_\_

Commencing Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_ Total Time: \_\_\_\_\_



	Requires Further Evidence	Yes
<b>1. INTRODUCTION</b>		
<b>Did the Trainer:</b>		
• create an interest in learning?	<input type="checkbox"/>	<input type="checkbox"/>
• put the Participants at ease?	<input type="checkbox"/>	<input type="checkbox"/>
• state the lesson, main points and/or purpose, clearly?	<input type="checkbox"/>	<input type="checkbox"/>
• state the learning outcomes clearly?	<input type="checkbox"/>	<input type="checkbox"/>
• state the assessment (or performance) criteria and assessment methods clearly?	<input type="checkbox"/>	<input type="checkbox"/>
• explain how the information is relevant to their jobs/role/function?	<input type="checkbox"/>	<input type="checkbox"/>
• state any safety requirements clearly (if applicable)?	<input type="checkbox"/>	<input type="checkbox"/>
• check current knowledge/experience?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> _____ _____		
<b>2. BODY</b>		
<b>Did the Trainer:</b>		
• follow the lesson plan as per the Training Resources / course manual?	<input type="checkbox"/>	<input type="checkbox"/>
<b>2a. Skills Session (if applicable)</b>		
• give a short overview and <b>Explanation</b> of the skill?	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Demonstrate</b> the skill, using stages and emphasising key points?	<input type="checkbox"/>	<input type="checkbox"/>
• supervise and observe participants as they <b>Practice</b> the skill?	<input type="checkbox"/>	<input type="checkbox"/>
• Ask <b>Questions</b> , checking for correct techniques and identifying faults	<input type="checkbox"/>	<input type="checkbox"/>
• allow sufficient time / opportunities to practice	<input type="checkbox"/>	<input type="checkbox"/>
• give constructive feedback and positive re-enforcement during practice?	<input type="checkbox"/>	<input type="checkbox"/>
<b>2b. Knowledge Session (if applicable)</b>		
• <b>Explain</b> the information clearly?	<input type="checkbox"/>	<input type="checkbox"/>
• conduct <b>Activities</b> to reinforce new knowledge?	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Summarise</b> throughout the session to consolidate the learning?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> _____ _____		
<b>3. SUMMARY</b>		
<b>Did the Trainer:</b>		
• summarise the main points of the whole session?	<input type="checkbox"/>	<input type="checkbox"/>
• link the training to the on-the-job requirements?	<input type="checkbox"/>	<input type="checkbox"/>
• allow time for Participants to ask final questions / clarify uncertainties?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> _____ _____		



	Requires Further Evidence	Yes
<b>4. <u>ASSESSMENT (IF APPLICABLE)</u></b>		
<b>Did the Trainer/Assessor:</b>		
• conduct the assessment in accordance with the assessment requirements, as outlined in assessment resources	<input type="checkbox"/>	<input type="checkbox"/>
• complete all relevant forms (as per assessment resources)	<input type="checkbox"/>	<input type="checkbox"/>
• provide feedback to candidates on assessment results and future steps	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> _____ _____		
<b>5. <u>CONCLUSION</u></b>		
<b>Did the Trainer:</b>		
• provide feedback on performance?	<input type="checkbox"/>	<input type="checkbox"/>
• establish when the next session would take place and give a preview?	<input type="checkbox"/>	<input type="checkbox"/>
• make a link to the next session?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> _____ _____		
<b>6. <u>OVERALL PERFORMANCE</u></b>		
<b>Did the Trainer:</b>		
• Ensure appropriate and sufficient resources and equipment for all participants	<input type="checkbox"/>	<input type="checkbox"/>
• Ensure the learning environment (eg. classroom, training ground, etc) was set up appropriately, eg. to meet participant's needs?	<input type="checkbox"/>	<input type="checkbox"/>
• train at the appropriate level for the Participants?	<input type="checkbox"/>	<input type="checkbox"/>
• use time effectively?	<input type="checkbox"/>	<input type="checkbox"/>
• use questions to involve Participants?	<input type="checkbox"/>	<input type="checkbox"/>
• provide feedback for Participants?	<input type="checkbox"/>	<input type="checkbox"/>
• not have any distracting mannerisms?	<input type="checkbox"/>	<input type="checkbox"/>
• use visual aids effectively? eg. whiteboard, overhead/data projector, butchers paper, etc.	<input type="checkbox"/>	<input type="checkbox"/>
Pitch and Tone of voice:                      Too loud <input type="checkbox"/> Too Soft <input type="checkbox"/> Easy to listen to <input type="checkbox"/>		
<b>7. <u>SAFETY (IF APPLICABLE)</u></b>		
• Were the safety requirements maintained?	<input type="checkbox"/>	<input type="checkbox"/>
• Was the training conducted in a safe and accessible environment	<input type="checkbox"/>	<input type="checkbox"/>
<b>Comments:</b> _____ _____		



8. What aspects of the training session were most effective?

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9. What constructive feedback could you give to assist this Trainer to improve their training techniques?

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<b>Trainer/Assessor's Name:</b>	_____
<b>Signature:</b>	_____
<b>Date:</b>	_____
<b>Trainer/Assessor's Response:</b>	_____ _____ _____
<b>Perth Boat School:</b>	_____
<b>Signature:</b>	_____
<b>Date:</b>	_____