



## Instructor / Guest Lecturer Evaluation Form

Emergency Medical  
Training Services

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Topic/Subject: _____	___Midterm
	___Final
	___Random Eval
Presenter(s): _____	___Other _____
<hr/>	
Student Name (optional) _____	Date: _____

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Rank the following: 1 poor    2 average    3 above average

- |   |   |   |     |   |
|---|---|---|-----|---|
| 1 | 2 | 3 |     | Was presenter organized                                   |
| 1 | 2 | 3 | N/A | Knowledge and use of video/AV equipment                   |
| 1 | 2 | 3 |     | Fairness towards students                                 |
| 1 | 2 | 3 |     | Presenter provided an acceptable temperature of classroom |
| 1 | 2 | 3 | N/A | Use of textbook/materials as reference                    |
| 1 | 2 | 3 |     | Overall instructor knowledge                              |
| 1 | 2 | 3 | N/A | Knowledge and use of training equipment                   |
| 1 | 2 | 3 |     | Overall impression of the instructor                      |

Comments regarding anything above: \_\_\_\_\_

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What do you like least about the instructor and how would you change it?

\_\_\_\_\_

\_\_\_\_\_

What did you like best about the instructor and why? \_\_\_\_\_

\_\_\_\_\_

Did the instructor meeting your expectations to challenge you? \_\_\_\_\_

\_\_\_\_\_

Did presenter stay on point? \_\_\_\_\_

\_\_\_\_\_

Should presenter return? \_\_\_\_\_

Overall Comments: \_\_\_\_\_

\_\_\_\_\_

### Be Specific:

Does this presenter meet the standards set by the school? \_\_\_yes \_\_\_no \_\_\_\_\_

Is this presenter a team player? \_\_\_yes \_\_\_no \_\_\_sometimes \_\_\_\_\_

Should this presenter not be teaching? \_\_\_yes should \_\_\_no should not \_\_\_\_\_

Has this presenter exploited you? \_\_\_yes \_\_\_no \_\_\_\_\_

**No retaliation on behalf of the school or staff will be tolerated. If you feel more comfortable contacting the Medical Director, Program Director or TxDSHS feel free to do so.**

