

# ITLS of Nevada

## Instructor Monitor Form

Candidate's Name \_\_\_\_\_

SS# \_\_\_\_\_

Course Location \_\_\_\_\_

Dates \_\_\_\_\_

### Monitor's Evaluation

		Unacceptable			Excellent	
<b>1. Didactic Presentation</b>						
Topic _____						
Overall knowledge. . . . .	1	2	3	4	5	
Speaking ability. . . . .	1	2	3	4	5	
Ability to handle questions . . . . .	1	2	3	4	5	
Use of audiovisuals. . . . .	1	2	3	4	5	
<b>2. Skill Station</b>						
Topic _____						
Knowledge of objectives . . . . .	1	2	3	4	5	
Presentation . . . . .	1	2	3	4	5	
Teaching aids used frequently . . . . .	1	2	3	4	5	
Ability to handle questions . . . . .	1	2	3	4	5	
<b>3. Patient Assessment Station</b>						
Topic _____						
Knowledge of objectives . . . . .	1	2	3	4	5	
Presentation of scenarios . . . . .	1	2	3	4	5	
Documentation . . . . .	1	2	3	4	5	

Average of Scores \_\_\_\_\_ (Must attain an average of 3 in each category)

Evaluator Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Monitor - Candidate Conference Completed  Written test completed within certification period? **Yes No**  
Recommend for certification or recertification?

**Yes No**

Affiliate Faculty or Designee Signature \_\_\_\_\_ Date \_\_\_\_\_