



Basic Trauma Life Support OF ALABAMA

INSTRUCTOR MONITOR FORM

CANDIDATE'S NAME: _____ SSN: _____

CANDIDATE'S ADDRESS: _____

COURSE LOCATION: _____ DATE: _____

MONITOR'S NAME: _____ COURSE #: _____

MONITOR'S EVALUATION

| | Excellent | | Unacceptable | |
|--------------------------------|-----------|---|--------------|---|
| 1. Didactic Presentation | | | | |
| Topic: _____ | | | | |
| Overall Knowledge | 4 | 3 | 2 | 1 |
| Speaking Ability | 4 | 3 | 2 | 1 |
| Ability to Handle Questions | 4 | 3 | 2 | 1 |
| Use of Audiovisuals | 4 | 3 | 2 | 1 |
| 2. Skill Station | | | | |
| Topic: _____ | | | | |
| Knowledge of Objective | 4 | 3 | 2 | 1 |
| Presentation | 4 | 3 | 2 | 1 |
| Effective Use of Teaching Aids | 4 | 3 | 2 | 1 |
| Ability to Handle Questions | 4 | 3 | 2 | 1 |
| 3. Patient Assessment Station | | | | |
| Topic: _____ | | | | |
| Knowledge of Objectives | 4 | 3 | 2 | 1 |
| Presentation of Scenarios | 4 | 3 | 2 | 1 |
| Documentation | 4 | 3 | 2 | 1 |

Average of Scores _____ (score must average 3 or more for certification)

Comments: _____

Monitor – Candidate Conference Completed: _____

Recommendation for Certification: Yes No Provisional

Affiliate Faculty Signature: _____

Medical Director Signature: _____