

New York State Division of Criminal Justice Services
INSTRUCTOR EVALUATION CHECKLIST
(9 NYCRR 6023)

THIS FORM IS USED TO DOCUMENT INITIAL INSTRUCTOR EVALUATIONS OR INSTRUCTOR RE-EVALUATIONS IN **ALL TOPIC AREAS INCLUDING FIREARMS**. FORMS PRESENTED FOR FILING MUST CONTAIN ORIGINAL SIGNATURES. ALTHOUGH THE BLANK FORM MAY BE DUPLICATED, PHOTOCOPIES OF COMPLETED FORMS, OR FORMS WITH PHOTOCOPIED SIGNATURES WILL NOT BE ACCEPTED.

Pursuant to *Title 9 of the Official Compilation of Codes, Rules, and Regulations, Part 6023* (9NYCRR6023), all instructors for Municipal Police Training Council approved courses, must be certified, and regularly recertified, by evaluators certified through the Division of Criminal Justice Services (DCJS).

All evaluations must be conducted by a Municipal Police Training Council (MPTC) certified Instructor Evaluator who maintains a current General Topics Instructor certification. Firearms evaluations must be conducted by an MPTC certified Instructor Evaluator who maintains a current Firearms Instructor certification. Evaluations performed by officers who do not possess an evaluator certification or whose instructor certification has expired will be null and void.

The evaluator must complete this form. Check the box next to the type of evaluation to be performed. Enter the name, Social Security Number, agency name and the ***email address** of the instructor to be evaluated. Enter the name, Social Security Number, and agency name of the evaluator. Enter the classroom location and start time. For firearms evaluations, enter the range location and start time for the range portion of the evaluation. **Evaluations must include at least one hour of instruction. Firearms evaluations must include one hour in the classroom and one hour on the firing range.**

Indicate the end time at the top of page one. All evaluations must be for at least fifty minutes in the classroom, and at least fifty minutes on the firing range (for firearms instructors – 9NYCRR 6024).

***Effective February 1, 2010, all certificates issued by the Office of Public Safety will be done electronically.** A current valid email address for the instructor will be required.

S E C T I O N I : EVALUATION OF THE INSTRUCTOR

The evaluator must complete this section.

- A. Evaluate the facilities to include the preparation of the prior preparation of the facilities, heat, light, and air, as well as the arrangement of seating of the room.
- B. Evaluate the instructor on their ability to deliver an introduction about themselves, the lesson objectives, the value to the trainee, and how the lesson relates to the overall program.
- C. Evaluate the instructor's classroom presence to include attire, grooming, posture, mannerisms, confidence, and eye contact.
- D. Evaluate the instructor's voice to include volume, variability, pronunciation, grammar, and repetition of words/sounds.
- E. Evaluate the trainee participation to include attention, discussion, exercise, questions, and the response given.
- F. Evaluate the presentation method to include subject knowledge, sequence of concepts, clarity of explanation, was the lesson planned, was it convincing, is the instructor polite, checking for comprehension, and was the material summarized.
- G. Evaluate the training aids to include their support of the presentation, their quality, and the use of the aids. **Each presentation must use at least one training aid.**
- H. FIREARMS ONLY. Evaluate the instructor's maintenance of range safety and use of clear, understandable range commands. **Failure to maintain firearms safety automatically results in an unacceptable firearms instructor rating.**

Check the box next to the Training Aids Used. Identify the training aids used in the presentation; each presenter should use at least one training aid. For video presentations, indicate the time length of the video.

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SECTION II: IMPROVEMENT RECOMMENDATIONS

This section must be completed by the evaluator and is required for any sections that the instructor received a "U" in.

Ratings

Indicate the Instructor's overall performance rating as either acceptable or unacceptable. Three "U" ratings will automatically result in an unacceptable rating. **Failure to maintain firearms safety automatically results in an unacceptable firearms instructor rating**

After reviewing the form, the evaluator and the instructor must sign and date the form.

Mailing Instructions

Completed forms should be mailed to:

**NYS Division of Criminal Justice Services
Office of Public Safety – Instructor Program
Alfred E. Smith State Office building
80 South Swan Street, 3th Floor
Albany, NY 12210-8002**

Questions

If you have any questions regarding this form, call (518) 485-7619 for assistance.

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FORMS COMPLETED BY NON-MPTC CERTIFIED OR EXPIRED EVALUATORS WILL BE DEEMED NULL AND VOID.

*Pursuant to the New York State Personal Privacy Protection Law, DCJS is authorized to collect personal identifying information as part of a public safety agency record. Personal identifying information on this form shall not be revealed, released, transferred, disseminated or otherwise communicated orally, in writing, or by electronic means other than to the registrant. Disclosure of personal identifying information is voluntary. Refusal to provide personal identifying information shall not result in the denial of any right, benefit, or privilege.

Type of Evaluation <input type="checkbox"/> General Topics Instructor <input type="checkbox"/> Firearms Instructor		Topic		Date	
Instructor		Social Security Number*		Agency	
**Instructor Email Address (Required for issuance of certificate)			Alternate Instructor Email Address		
Evaluator		Social Security Number*		Agency	
Classroom Location	Start Time	End Time	Range Location	Start Time	End Time

Minimum 1 Hour (50 min.)

Minimum 1 Hour (50 min.)

Check each item in Section I as acceptable (A) or unacceptable (U). Items, which are not applicable to the type of lesson presented, will be (NA). Items checked (U) will require comment in Section II. ** Denotes mandatory item.

SECTION I	RATINGS			COMMENTS
	U	A	NA	
A. FACILITIES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
1. PRIOR PREPARATION				
2. HEAT, LIGHTS, AIR				
3. ARRANGEMENTS (IE SEATS)				
OVERALL				
B. PRIOR PREPARATION	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
1. SELF				
2. LESSON PLAN				
3. VALUE TO TRAINEE				
4. RELATION TO PROGRAM				
OVERALL				
C. CLASS PRESENCE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
1. ATTIRE, DRESS				
2. GROOMING				
3. POSTURE				
4. MANNERISMS				
5. CONFIDENCE				
6. EYE CONTACT				
OVERALL				
D. VOICE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
1. VOLUME				
2. VARIABILITY				
3. PRONUNCIATION				
4. GRAMMAR				
5. REPETITION (WORDS/SOUND)				
OVERALL				

DCJS USE ONLY

New Update Date Sent _____ Cert. Date _____ Exp. Date _____

Type of Certificate Issued: General Topics Firearms Other _____

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SECTION I	RATINGS			COMMENTS
	U	A	NA	
E. TRAINEE PARTICIPATION	X	X	X	
1. ATTENTION				
2. DISCUSSION				
3. EXERCISE				
4. QUESTIONS				
5. RESPONSE GIVEN				
OVERALL				
F. PRESENTATION METHOD	X	X	X	
1. SUBJECT KNOWLEDGE				
2. SEQUENCE OF CONCEPTS				
3. CLARITY OF EXPLANATION				
4. LESSON PLANNED				
5. CONVINCING				
6. POLITENESS				
7. COMPREHENSION				
8. SUMMARIZED				
OVERALL				
G. TRAINING AIDS	X	X	X	
1. SUPPORT OF PRESENTATION				
2. QUALITY				
3. USE				
OVERALL				
H. FIREARMS INSTRUCTOR ONLY	X	X	X	
1. MAINTAINED FIREARM SAFETY**				
2. CLEAR, UNDERSTANDABLE RANGE COMMANDS				
OVERALL				
Check Teaching Aids Used (Instructor must use <u>at least one</u> teaching aid): <input type="checkbox"/> Transparencies <input type="checkbox"/> Slides <input type="checkbox"/> Computer Presentation <input type="checkbox"/> Chalkboard <input type="checkbox"/> Charts <input type="checkbox"/> Flipcharts <input type="checkbox"/> Models <input type="checkbox"/> Handouts <input type="checkbox"/> Audio Tapes <input type="checkbox"/> Video (Time: _____) <input type="checkbox"/> Other (specify) _____				
SECTION II IMPROVEMENT RECOMMENDATIONS (Mandatory for items that received a (U) rating)				
OVERALL PERFORMANCE RATING (CLASSROOM) <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable			OVERALL PERFORMANCE RATING (FIRING RANGE) <input type="checkbox"/> Acceptable <input type="checkbox"/> Unacceptable	
Evaluator Signature			Instructor Signature	

PHOTOCOPIES, OR FORMS WITH PHOTOCOPIED SIGNATURES WILL NOT BE ACCEPTED.