



**STAR INSTRUCTOR APPLICANT  
EVALUATION FORM**

YOUR NAME\* \_\_\_\_\_

TRAINING LOCATION \_\_\_\_\_ DATE \_\_\_\_\_

Applicant's Name \_\_\_\_\_

\*Both Instructors (A and B) should complete and submit evaluation forms.

**1 (Ugh!).....3 (So - So).....5 (Great!)**

**Using the above scale of one (1) to five (5) with one being unsatisfactory and five being excellent, please rate the following:**

- 1. Maintained professional demeanor \_\_\_\_\_
- 2. Demonstrated enthusiasm for subject material \_\_\_\_\_
- 3. Sought ways to be involved with the class \_\_\_\_\_
- 4. Asked relevant questions \_\_\_\_\_
- 5. Interacted positively with students \_\_\_\_\_
- 6. Communicated clearly \_\_\_\_\_

Overall, how would you rate this applicant? \_\_\_\_\_

Would you recommend this applicant for IP? Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, please explain below)

Please add any comments or concerns:

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