## **INSTRUCTOR EVALUATION**

Department of Public Safety Standards and Training Private Security/ Investigator Program 4190 Aumsville Hwy SE, Salem, OR 97317 Ph. (503) 378-8531 Fax (503) 378-4600



Name of Instructor							
Location	on of Trainin	Last O	First		Middle	Р	S iD#
	<u> </u>	Business Name		City		D	ate
CONFIDENTIALITY OF EVALUATION:  To ensure that private security professionals and investigators are trained in a consistent and equitable manner, you are encouraged to complete this form. You may complete this form away from the training site and include it in your application packet. Your evaluation will be used to increase and promote the highest quality of training possible for you. You may include your name, if you wish. WHEN TRAINING IS DONE INCOMPLETELY OR IMPROPERLY, EVERYONE LOSES.							
EVALUATION FACTORS							
1.		<b>nowledge</b> . [Skills, e		bility to expla	in subject]		Unsatisfactory
	Did instructor use video tape? If a tape was used, did the instructor also lecture? Did instructor read directly from material, as if unprepared or unfamiliar with subject?						
2.		Performance. [Acellent		oroughness, atisfactory	professiona	I delive	ry] Unsatisfactory
	Did instructor ask for your identification prior to signing your training form? Did instructor give you your copy of the training form, prior to your leaving the classroom?						
3.		<b>Dependability</b> . [P		asses are pro atisfactory	per length]		Unsatisfactory
	Was your eight-hour class approximately eight hours long? Was your four-hour assessment module approximately four hours long?						
4.		<b>Attitude</b> . [Enthusi ellent		ng, subject. atisfactory	Respect for	student	s, questions] Unsatisfactory
		uctor ask for, or share, uctor answer your ques			nents?		
5.	Class Logistics. [Adequate supplies, breaks, seating, lighting, good environment]						
	General Co	omments					

## PLEASE BE SURE TO INCLUDE INSTRUCTOR'S NAME ON TOP LINE