INSTRUCTOR OBJECTIVE QUALITY IMPROVEMENT RECORD

(Submit with your application & Instructor Objective Completion Record for initial recognition or renewal)

Evaluation Section

SEI Candidate's Printed Name:

SEI-Evaluator's Printed Name:

Evaluation Results for Instructor Objective Number: _____

_____ The individual was not able to complete the Instructor Objective or additional guidance is required.

_____ Not all portions of the Instructor Objective were evaluated during this assignment and an additional assignment is needed to complete the evaluation.

_____ The individual needs significant improvement in the Objective performed and must complete all the recommendations indicated below prior to future evaluations of the Instructor Objective.

I recommend the following for remediation:

SEI Evaluator's Signature: **Date:**

Reevaluation Section: (complete **only** when the remediated components are successfully performed.)

SEI-Evaluator's Printed Name:

Reevaluation Information for Instructor Objective Number: _____

Identify where and how the reevaluation occurred. (Provide location, course/lab topic, and type of training, i.e., OTEP, CME, initial EMT or FR class, etc.)

SEI Evaluator's Signature: **Date:**

Use reverse of document if necessary.