



Florida Department of
Law Enforcement

INSTRUCTOR COMPETENCY CHECKLIST

Incorporated by Reference in Rules
11B-20.001 and 11B-20.0014, F.A.C.



CJSTC
81

Instructor applicants shall also be evaluated by their students.

Instructor Applicant's Name: _____

Last

First

MI

Last Four Digits of Instructor Applicant's Social Security Number: _____ Evaluator's Instructor Certification Expiration Date: _____

Evaluator's Name: _____

Last

First

MI

Last Four Digits of Evaluator's Social Security Number: _____

For certification in general topics, the evaluator shall hold a General Instructor Certification. For Certification in high-liability, speed measurement, breath test, and canine topics, the evaluator shall hold a Commission-certification in the same topic being evaluated.

Instructor Certification Categories

General ☐ Handgun ☐ Vehicle Operations ☐ Defensive Tactics ☐ First Aid ☐

Canine Team ☐ Breath Test ☐ Breath Test-9000 ☐ Speed Measurement ☐

TOPIC TAUGHT: _____

- 1. Internship:** The instructor applicant shall be required to complete an internship that permits the applicant to demonstrate his or her skills as an instructor. Instructor applicants shall be evaluated by his or her students.
- Instructor applicants seeking a General Instructor Certification shall demonstrate competency by instructing in a lecture setting. Instructor applicants seeking certification in high-liability, speed measurement, and canine topics shall also demonstrate competency in instructing the proficiency areas of the course. Instructor applicants seeking certification in a high-liability or specialized topic cannot be a rangemaster or safety officer during the internship.
- 3. The evaluator observed the instructor applicant:**

A. Managing the classroom or range environment: Ensured the classroom or range is set up for the course topic being instructed. Comments: _____ _____ _____	Date Observed: _____ _____
B. Demonstrating communication skills: Used verbal and non-verbal skills and maintained enthusiasm. Comments: _____ _____ _____	Date Observed: _____ _____
C. Using learning aids, printed materials, audiovisual aids, and/or other instructional aids, equipment used in high-liability or specialized topics. Comments: _____ _____ _____	Date Observed: _____ _____

<p>D. Preparing to teach the assigned block of instruction: Had lesson plans, handouts, and equipment available that had been inspected to ensure the equipment is functioning.</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>	<p>Date Observed:</p> <p>_____</p>
<p>E. Teaching the assigned block of instruction: Demonstrated a working knowledge and command of the subject matter being instructed.</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>	<p>Date Observed:</p> <p>_____</p>
<p>F. Involving students through discussion, class activities, group exercises, or proficiency demonstrations.</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>	<p>Date Observed:</p> <p>_____</p>
<p>G. Assessing the effectiveness of the instruction provided through feedback, practice exercises, written examinations, or proficiency demonstration(s).</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>	<p>Date Observed:</p> <p>_____</p>

4. I have observed the instructor applicant during his or her internship based on observations documented in items A – G above, and attest that all competencies were completed as documented.

I recommend ☐ or I do not recommend ☐ the instructor applicant for certification.

Evaluator's Signature: _____ Date: _____

5. The competency checklist has been reviewed with the instructor applicant: _____ Date: _____

Reviewed with the instructor applicant by: _____
Training Center Director, Agency Administrator, or Designee Signature

6. The student evaluations have been reviewed with the instructor applicant and are attached: _____ Date: _____

Reviewed with the instructor applicant by: _____
Training Center Director, Agency Administrator, or Designee Signature

7. The competency checklist and student evaluations have been reviewed with me and I understand that my instructor certification will not be activated for this topic area until all required documentation is reviewed and approved by Commission staff.

Instructor Applicant's Signature: _____ Date: _____