

## INSTRUCTOR COMPETENCY CHECKLIST

Incorporated by Reference in Rules 11B-20.001(3)(a)3.a., and 11B-20.0014(1)(d), F.A.C.



### CJSTC

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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.

<b>Instructor Certification Categories</b>					
General <input type="checkbox"/>	Firearms <input type="checkbox"/>	Vehicle Operations <input type="checkbox"/>	Defensive Tactics <input type="checkbox"/>	First Aid <input type="checkbox"/>	
	Canine Team <input type="checkbox"/>	Breath Test <input type="checkbox"/>	Breath Test-9000 <input type="checkbox"/>	Speed Measurement <input type="checkbox"/>	Diving <input type="checkbox"/>
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 **in each of the competency areas, with the exception of Diving**. Instructor applicants shall be evaluated by his or her students.
2. 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:**

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

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