



Instructor Assessment Form

\_\_ Initial Certification \_\_ Provisional to Full Certification \_\_ Recertification

Instructor's Name: \_\_\_\_\_ GWRRRA #: \_\_\_\_\_

Evaluator: \_\_\_\_\_ GWRRRA #: \_\_\_\_\_

Skill/Ability		Yes	No	Comment
Demonstrates enthusiasm/passion	Baseline			
	Outcome			
Appears fully prepared and confident	Baseline			
	Outcome			
Gets participants into action	Baseline			
	Outcome			
Explanations and directions are clear	Baseline			
	Outcome			
Uses appropriate questions to foster discovery	Baseline			
	Outcome			
Demonstrates facilitation skill	Baseline			
	Outcome			
Encourages group interaction	Baseline			
	Outcome			
Uses examples, stories, analogies	Baseline			
	Outcome			
Uses visual tools appropriately	Baseline			
	Outcome			

Certification (Circle one): 

Full	Provisional	Retake ITCP
------	-------------	-------------

Coaching/Action Commitment \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Participant/Instructor \_\_\_\_\_ Instructor-Trainer/Evaluator \_\_\_\_\_ Date \_\_\_\_\_