



Instructor Recertification Form

Instructor Name _____ GWRRRA Member # _____

Email address _____ Phone () _____

Position Renewing – Check all that apply

| University Instructor | <input type="checkbox"/> | |
|--|--------------------------|---|
| University Instructor Trainer | <input type="checkbox"/> | University Trainer REP <input type="checkbox"/> |
| Skill/Ability | Yes | No |
| Demonstrates enthusiasm/passion | | |
| Fully prepared and confident | | |
| Gets participants into action | | |
| Explanations and directions are clear | | |
| Uses appropriate questions to foster discovery | | |
| Demonstrates facilitation skill | | |
| Facilitates group interaction | | |
| Uses examples, stories, analogies | | |
| Uses visual tools appropriately | | |

Candidates must submit this form (U.4) every 2 years listing at least 2 classes instructed in that time.

| <u>Event</u> | <u>Date</u> | <u>Class Taught</u> |
|--------------|-------------|---------------------|
| | | |
| | | |

Signature _____ Date / /

