



ALSO® INSTRUCTOR CANDIDATE EVALUATION FORM

NOTE: The following form is to be completed by ALSO® Advisory Faculty when evaluating ALSO® Instructor Candidates. Please scan and email the completed form to pmadden@aafp.org.

First Last MD DO Other:

Address

City State Zip

Phone Fax Email (Required)

Date/Location where the candidate completed the ALSO® Provider Course:

Date/Location where the candidate completed the ALSO® Instructor Course:

Date/Location of the ALSO® Provider Course where the candidate was evaluated:

Rate the instructor candidate on the following skills:

Table with 5 columns: SKILL, EXCELLENT, AVERAGE, POOR, NOT APPLICABLE. Rows include Lecture, Workstation, Practical Testing, Communication Skills, Knowledge of Material.

Positive Candidate Attributes: (List strengths of the candidate.)

Teaching Skills Candidate Needs To Improve: (List areas the candidate needs to work on.)

Summary Comments:

Choose one of the following:

- Recommend for Approved Instructor Status
Candidate should teach in a second course and be evaluated a second time

Skills the instructor candidate should work on include: (Check all that apply or list others.)

- Lecturing Workstation Knowledge of Material Practical Testing

Other

I have discussed this evaluation with the instructor candidate: Yes No

Advisory Faculty Name (Please Print)

Advisory Faculty Signature

Date of Form Completion

\*\*This evaluation should be discussed with the candidate to avoid future misunderstandings.\*\*