



# Instructor Self-Evaluation

- Please complete each question below with your thoughts.
- Send this form to ACDS within one week of observation.
- The ACDS Coordinator will review this document and may contact you regarding any of your thoughts.

Date of Observation:	County:
Instructor:	Semester:
Date of Class:	Lesson:

1. Please evaluate your lesson, highlighting positive and/or important components.

2. If you were to teach this lesson again, what adjustments would you make and why?

3. What resources, training aids, or help do you think would benefit your training performance?

4. Please describe anything about the makeup of the class or particular participant behavior patterns that you think the observer should be aware of in order to understand what may have occurred during the class (For example: ability levels, special needs, physical handicaps, behavior issues, special language needs)

5. If you responded to question #4, what procedures were in place to accommodate the ability levels, special needs, physical handicaps, behavior issues, or special language needs?

Submit completed form to:

Sherrie Myers, ACDS State Coordinator  
611 7<sup>th</sup> Avenue Suite 208  
Huntington, WV 25701