



Quality Management Plan (QMP) Lifesaving First Aid Instructor Evaluation Form

Instructor Name:
Evaluator Name:
Course(s) Taught:

Evaluation Criteria	Yes	No	Comment
Appropriate Use of Instructor Materials	<input type="checkbox"/>	<input type="checkbox"/>	
Effective Presentation Style	<input type="checkbox"/>	<input type="checkbox"/>	
Coverage of the complete course curriculum	<input type="checkbox"/>	<input type="checkbox"/>	
Evidence of first aid practices that are current	<input type="checkbox"/>	<input type="checkbox"/>	

Signature of Instructor:	Date:
Signature of Evaluator:	Date: