

Observation Worksheet

(For use of this form, see TRADOC Pam 350-70-4; the proponent is DCSOPS&T)

SECTION I - Training Development

PART I - Administrative Data

| | | | |
|-------------------|--|------------------------------|--|
| 1. School: | | 2. Course/POI: | |
| 3. Date: | | 4. Name of Evaluator: | |

PART II - Course Design/Implementation Plan

| | | | |
|---|------------------------------|-----------------------------|--|
| 1. POI File No: | | | |
| 2. Lesson Plan (LP)/Training Support Package (TSP) | | | |
| 3. LP/TSP approved IAW local policy? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 4. Date LP/TSP approved: |
| 5. LP/TSP risk assessed? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 6. LP environmentally assessed? |
| | YES <input type="checkbox"/> | NO <input type="checkbox"/> | YES <input type="checkbox"/> |
| 7. POI time matches LP time? | YES <input type="checkbox"/> | | NO <input type="checkbox"/> |
| 8. POI Method of Instruction matches LP Method of Instruction? | YES <input type="checkbox"/> | | NO <input type="checkbox"/> |
| 9. Foreign disclosure statement listed? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 10. POI date: |
| 11. CMP date: | | | |
| 12. Critical Task List date: | | | |
| 13. TLO/ELOs written IAW TR | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 13a. If "NO", mandatory recommendation for rewrite: |
| | | | |

| | | | |
|--------------------------------|------------------------------|-----------------------------|--|
| 14. TLO/ELOs match POI? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 14a. If "NO", mandatory comments/recommendations: |
| | | | |

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|---------------------------------|------------------------------|-----------------------------|--|
| 15. Is doctrine current? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 15a. If "NO", mandatory comments/recommendations: |
| | | | |

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|---------------------------------------|------------------------------|-----------------------------|--|
| 16. Does doctrine reflect COE? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 16a. If "NO", mandatory comments/recommendations: |
| | | | |

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| 17. LP task on Critical Task List? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 17a. If "NO", mandatory comments/recommendations: |
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|----------------------------|------------------------------|-----------------------------|--|
| 18. LP task in LOI? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 18a. If "NO", mandatory comments/recommendations: |
| | | | |

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|--------------------------------------|------------------------------|-----------------------------|--|
| 19. LP time/MOI on TMA sheet? | YES <input type="checkbox"/> | NO <input type="checkbox"/> | 19a. If "NO", mandatory comments/recommendations: |
| | | | |

PART III - Section I Performance Rating

GO - At least 75% of the evaluated items (Part II, Items 3-19) were rated "GO".
NO GO - Less than 75% of the evaluated items were rated "GO". Command emphasis needed.

| | | | | |
|---------------------------|-----------|--------------------------|--------------|--------------------------|
| PERFORMANCE RATING | GO | <input type="checkbox"/> | NO GO | <input type="checkbox"/> |
|---------------------------|-----------|--------------------------|--------------|--------------------------|

SECTION II - Training Management

PART I - Administrative Data

| | | | |
|-------------------|--|------------------------------|--|
| 1. School: | | 2. Course/POI: | |
| 3. Date: | | 4. Name of Evaluator: | |

PART II - Training Resource Material

| | | | | | | | | |
|--|------------|--|-----------|--|--|--|-----------|--|
| 1. LP equipment in POI? | YES | | NO | | If "NO", mandatory comments and recommendations: | | | |
| | | | | | | | | |
| 2. LIN/nomen IAW FedLog? | YES | | NO | | If "NO", mandatory comments and recommendations: | | | |
| | | | | | | | | |
| 3. POI reflects updated AV equipment requirements/Classroom XXI requirements: | | | | | YES | | NO | |
| 4. LP facilities in POI? | YES | | NO | | If "NO", mandatory comments and recommendations: | | | |
| | | | | | | | | |
| 5. LP ammo in POI? | YES | | NO | | If "NO", mandatory comments and recommendations: | | | |
| | | | | | | | | |
| 6. LP TADSS in POI? | YES | | NO | | If "NO", mandatory comments and recommendations: | | | |
| | | | | | | | | |

PART III - Training Ratios

| | Required | Assigned | Available | Comments |
|-----------------------|----------|----------|-----------|----------|
| 1. Instructor/Student | | | | |
| 2. Equipment/Student | | | | |
| 3. Drill/Student | | | | |
| 4. Operator/Student | | | | |

PART IV - Other Areas

| | GO | NO GO | NA | Comments |
|---------------------|----|-------|----|----------|
| 1. Facilities | | | | |
| 2. Safety | | | | |
| 3. Other (specify): | | | | |

PART V - Training Implementation

| | | | | | | | | | |
|-------------------------------|--|--|--|------------------------|--|-----|--|------------------|--|
| Deviation from LP/POI: | | | | | | | | | |
| a. Caused by: | | | | b. Explanation: | | | | c. Status | |
| | | | | Reported: | | YES | | NO | |
| | | | | Recurring: | | YES | | NO | |
| | | | | Safety Impact: | | YES | | NO | |

GO - At least 75% of the evaluated items (Part II, 1-6) were rated "GO" and all applicable sections in Parts III and IV matched the LP/TSP/POI or have a waiver.

NO GO - Less than 75% of the evaluated items were rated "GO" or waiver(s) not available.

GO

NO GO

SECTION III - Instructor Checklist

PART I - Administrative Data

| | | | | | |
|--|--|------------------|--|----------|----|
| 1. School/Course: | | 2. Class Number: | | 3. Date: | |
| 4. Name of Instructor/SGL: | | 5. Rank/MOS/SC: | | | |
| 6. Instructor Qualified IAW TRADOC Reg 350-70? | | | | YES | NO |

PART II - Evaluation

| A. Administrative Preparation | GO | NO GO | NA | Comments |
|--|----|-------|----|----------|
| 1. Visitor's book was current and available. | | | | |
| a. TSP, Student H/O at visitor's area. | | | | |
| b. Training schedule available. | | | | |
| c. ITC Certificate of Memo of certified instructors. | | | | |
| d. Visitor's sign-in sheet. | | | | |
| e. Student roster. | | | | |
| f. Range Safety/Demo Certification. | | | | |
| g. Inclement Weather Plan. | | | | |
| h. Risk Management Worksheet/Daily Risk Assessment. | | | | |
| i. Medevac Plan. | | | | |
| B. Classroom Preparation | GO | NO GO | NA | Comments |
| 1. Lesson plan current, DOTD and DOT approved, and IAW POI. | | | | |
| 2. Classroom had adequate lighting; neat; orderly; and free from noise and interruptions. Seating arrangement appropriate. Class prepared prior to training. | | | | |
| 3. Training materials, aids, and safety equipment available and serviceable prior to training. | | | | |
| C. Introduction | GO | NO GO | NA | Comments |
| 1. Used a motivational statement that explains the relevance and importance of the task. | | | | |
| 2. Displayed and clearly stated the Learning Objectives (Action, Condition, Standard), and briefly outlined the sequence of the lesson. | | | | |
| 3. Stated the Risk Assessment Level, warnings, safety hazards, and the environmental | | | | |
| 4. Explained how the objective would be tested. | | | | |
| D. Demonstration Techniques | GO | NO GO | NA | Comments |
| 1. Ensured students could see all parts of demonstration. | | | | |
| 2. Steps were properly demonstrated. | | | | |
| 3. Students were involved in demonstration, if appropriate. | | | | |
| 4. Assisted students as needed. | | | | |
| 5. Gave on-the-spot corrections and praise. | | | | |

SECTION III - Instructor Checklist (cont)

| E. Hands-on Training Method | GO | NO GO | NA | Comments |
|--|----|-------|----|----------|
| 1. Summarized points covered during the demonstration. | | | | |
| 2. Gave detailed directions before the practical exercise. | | | | |
| 3. Ensured students performed the practical exercise | | | | |
| 4. Provided timely feedback. | | | | |
| 5. Encouraged group members to participate. | | | | |
| 6. Conducted an after action review with the students after practical exercise. | | | | |
| F. Communication Skills | GO | NO GO | NA | Comments |
| 1. Used correct enunciation and grammar. | | | | |
| 2. Do not excessively use distracting mannerisms such as "Ah", "OK", and "You know". | | | | |
| 3. Instructor's voice quality, volume, and variations (pitch, rate, and inflection) were adequate. | | | | |
| G. Question/Answer Techniques | GO | NO GO | NA | Comments |
| 1. Questions were phrased clearly and to the point (ask, pause, call, respond, evaluate). | | | | |
| 2. Questions were appropriate for the lesson. | | | | |
| 3. covered all key points with questions. | | | | |
| 4. Students's questions were answered adequately. | | | | |
| H. Presentation Skills | GO | NO GO | NA | Comments |
| 1. Made eye contact with all students. | | | | |
| 2. Movement and gestures were natural and appropriate. | | | | |
| 3. Instructor was poised and enthusiastic. | | | | |
| I. Use of Training Aids/Materials | GO | NO GO | NA | Comments |
| 1. Training aids, instructional materials, and equipment listed in POI were used appropriately. | | | | |
| 2. Whiteboard and/or other visual aids were used in an effective manner. | | | | |
| J. Classroom Management | GO | NO GO | NA | Comments |
| 1. Maintained proper control of the class. | | | | |
| 2. Used appropriate techniques to assist and motivate. | | | | |
| 3. Managed time appropriately lesson was well paced. | | | | |
| 4. Encouraged student participation. | | | | |
| K. Test Management | GO | NO GO | NA | Comments |
| 1. Maintained accountability of tests. | | | | |
| 2. Complied with Test Administration Guide (TAG). | | | | |
| 3. Test matched method of training. | | | | |

SECTION III - Instructor Checklist (cont)

| | | | | |
|--|-----------|--------------|-----------|-----------------|
| 4. Test evaluated what was trained. | | | | |
| 5. Conducted AAR with students. | | | | |
| L. Instructor Preparation | GO | NO GO | NA | Comments |
| 1. Demonstrated knowledge of class material. | | | | |
| 2. Explained key performance points. | | | | |
| 3. Followed the sequence as outlined in the lesson plan. | | | | |
| 4. Covered all objectives. | | | | |
| 5. Used smooth transitions. | | | | |
| 6. Put training activity into job context at least once. | | | | |
| 7. Ensured all students could see and hear all instructions. | | | | |
| 8. Properly used internal summaries. | | | | |
| 9. Properly conducted lesson summary (see 9a - 9d below). | | | | |
| a. Restated action. | | | | |
| b. Restated main learning steps. | | | | |
| c. Checked on learning. | | | | |
| d. Provided closing summary. | | | | |

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|---|-----------|--------------|-----------|-----------------|
| M. Personal Qualities | GO | NO GO | NA | Comments |
| 1. Instructor's professionalism set the proper example for bearing, behavior, and appearance. | | | | |
| 2. Showed respect to students. | | | | |
| 3. Established a positive rapport with students. | | | | |

PART III - AAR with Instructor

PART IV - Section III Performance Rating

GO - At least 75% of the evaluated items (Part II) were rated "GO".
NO GO - Less than 75% of the evaluated items were rated "GO". Command emphasis needed.

PERFORMANCE RATING

GO

NO GO

PART V - Backbrief

Acknowledgement of Evaluation

Person briefed:

Position:

Date:

Signature of Evaluator:

Signature of Course Manager:

SECTION IV - Overall Performance Rating

PART I - Administrative Data

| | | | |
|------------|--|-----------------------|--|
| 1. School: | | 2. Course/POI: | |
| 3. Date: | | 4. Name of Evaluator: | |

PART II - Ratings

| | | | | |
|--|----|--|-------|--|
| SECTION I: Training Development | GO | | NO GO | |
| SECTION II: Training Management | GO | | NO GO | |
| SECTION III: Instructor Checklist | GO | | NO GO | |
| Overall Rating: | GO | | NO GO | |

NOTE: Overall performance as derived from the evaluation in Sections I, II, and III. Items marked "Not Applicable" are not counted when computing the overall performance rating.