

BREATH TEST INSTRUCTOR EVALUATION FORM



“THIS PROGRAM IS FUNDED BY THE EXECUTIVE OFFICE OF PUBLIC SAFETY AND SECURITY”

Breath Test Instructor: _____

Location: _____

Date: _____

Overall, how would you rate the instructor(s):

Outstanding Acceptable Neutral Needs Improvement Unacceptable

	Very Satisfied	Satisfied	Neutral	Unsatisfied	Very Unsatisfied
The BTI was professional in demeanor and appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The BTI provided personal experience to reinforce material in a logical and organized manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The BTI used class time effectively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual aids & handouts were used effectively to enhance learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The BTI provided sufficient detail and examples to explain concepts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The BTI demonstrated a thorough understanding and mastery of the subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The BTI responded effectively to students' questions in class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide written feedback (Required Item):
