

INSTRUCTIONAL RATING FORM (IRF)

LESSON TITLE: _____

COURSE TITLE: _____ **COURSE #:** _____

DATE: _____ **STUDENT NAME:** _____

Instructions: Provide responses to the following questions by circling the number associated with the choice that is closest to your impressions. Please provide an explanation and/or suggestions for improvement for any item rated 2 or below. Your responses will help us to improve the course and ensure that student needs are met.

- 1 = ineffective
- 2 = somewhat ineffective
- 3 = effective
- 4 = very effective
- 5 = extremely effective

- | | | | | | |
|---|----------|----------|----------|----------|----------|
| 1. The instruction directly relate to the learning objective(s)? | 1 | 2 | 3 | 4 | 5 |
| 2. The instructor clearly explain how and when I would be evaluated? | 1 | 2 | 3 | 4 | 5 |
| 3. The instruction was organized in a logical manner that was easy to follow? | 1 | 2 | 3 | 4 | 5 |
| 4. The media (flipcharts, transparencies, etc.) and supplemental materials (student outline, job aids, etc.) supported the lesson? | 1 | 2 | 3 | 4 | 5 |
| 5. The lesson included sufficient time for practical application? | 1 | 2 | 3 | 4 | 5 |
| 6. The practical application prepared me for the performance examination? | 1 | 2 | 3 | 4 | 5 |
| 7. Testing was directly related to the learning objective(s)? | 1 | 2 | 3 | 4 | 5 |
| 8. The instructor was prepared and demonstrated knowledge and skill in the subject matter? | 1 | 2 | 3 | 4 | 5 |
| 9. The instructor was easy to hear and understand? | 1 | 2 | 3 | 4 | 5 |
| 10. The instructor allowed students to ask questions and provided appropriate answers to their questions? | 1 | 2 | 3 | 4 | 5 |
| 11. The training environment was appropriate and/or conducive to learning? | 1 | 2 | 3 | 4 | 5 |

Comments/Explanations/Suggestions: _____

(If space for further comment is needed, please turn this sheet over and use the reverse side)

INSTRUCTIONAL RATING FORM (IRF) RECAP

LESSON TITLE: _____ LESSON ID: _____

COURSE TITLE: _____ COURSE #: _____

PRIMARY INSTRUCTOR: _____ DATE: _____

Number of IRFs Completed: _____ Number of Responses 2 or Below for Each IRF Item:

1) ____ 2) ____ 3) ____ 4) ____ 5) ____ 6) ____ 7) ____ 8) ____ 9) ____ 10) ____ 11) ____

Synopsis of Current IRF Data/Trends/Comments:

Signature Date

Course Chief Comments or Recommendations:

Signature Date

Course Supervisor Comments or Required Action:

Signature Date

_____ Course Chief's Initials Upon Review of Course Supervisor's Comments or Required Action

_____ Instructor's Initials Upon Review of All Comments or Required Action

Filing Instructions: Original attached to IRFs and enclosed with the After Instruction Report