

# DRILL SERGEANT SCHOOL CADRE EVALUATION SHEET

For use of this form, see TRADOC Reg 350-16; the proponent is Deputy Chief of Staff, G-3/5/7.

INSTRUCTOR	GRADE	CLASS	DATE
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LOCATION

## SECTION I: EVALUATION OF SMALL GROUP INSTRUCTION METHODS

PERFORMANCE AREAS	GO	NO GO	NA	STANDARDS
<b>A. INTRODUCTION.</b>				
1. Learning Objectives.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	States complete objective, either from the advance sheet or lesson guide, in terms consistent with approved TLOs/ELOs (Lesson Development Sheet).
2. Orientation Statement.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Explains or shows how task relates to a job a DSC will perform (why training is necessary).
3. Subject Matter Expert.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Instructor is fully prepared. Instructor contributes to learning environment with personal experiences, rather than keeping attention focused only on the lesson guide, without facilitating classroom discussion.
4. Observer Process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Encourages input from all group members. Does not judge or put down member comments. Picks up on nonverbal clues (for example, member wishes to make input; member does not understand point) and responds appropriately.
<b>B. FACILITATION.</b>				
1. Discussion Coverage.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Follows lesson guide and discussion input. Discussions support the learning objective.
2. Technique.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asks questions, restates or summarizes points, or makes clarification to keep discussion on track with learning objective. Does not interject opinions. Raises issues only when it is apparent group members will not. Guides group to consensus when necessary.
3. After Action Reviews/Summary.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Restates learning objectives (given in summary). Guides class discussion of what students learned. Encourages participation and summarizes learning.
4. Other Standards (Locally Determined). <i>(Specify local standard(s), if any, and check appropriate block. Otherwise, check "NA.")</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

COMMENTS:

SECTION II: EVALUATION POST CHECK				
PERFORMANCE AREAS	GO	NO GO	NA	STANDARDS
<b>A. COMMUNICATION TECHNIQUES.</b>				
1. Speech/Language.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Can be heard and understood. Uses correct grammar.
2. Demeanor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uses direct eye contact. Appears confident and prepared; well refined.
3. Questioning Techniques.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Uses the Ask-Pause-Call techniques as outlined in DSS POI. Does not put down members for incorrect answer; instead, redirects into the group for assistance and comes back to those members in the group discussions.
<b>B. CLASSROOM MANAGEMENT.</b>				
1. Learning Conditions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Classroom is neat and clean. Seating arrangement is proper for type of training. Effort is made to correct/compensate adverse conditions; for example, poor lighting and climate extremes. All students can see and hear demonstrations and training aids.
2. Equipment and Materials.				
a. Training Equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	There is adequate training equipment for proper equipment-to-student ratio. Equipment works properly.
b. Training Aid Equipment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Equipment is set up correctly, focused, and ready to use.
c. Materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Provides sufficient handouts and other written materials for all students (for example, Summary Sheets, PEs, etc.)
<b>C. OTHER STANDARDS (LOCALLY DETERMINED).</b> <i>(Specify local standard(s), if any, and check appropriate block. Otherwise, check NA.)</i>				
Has evaluator reviewed lesson plan and associated course materials?			YES	<input type="checkbox"/>
			NO	<input type="checkbox"/>
I certify that the instructor evaluated was critiqued immediately after evaluation.	SIGNATURE OF EVALUATOR			DATE
	NAME AND TITLE (TYPED OR PRINTED)			
TO BE COMPLETED BY EVALUATOR				
SIGNATURE OF INSTRUCTOR		NAME AND TITLE (TYPED OR PRINTED)		DATE