



Office of Training
and Certification

New Jersey Division of Fire Safety

PRACTICAL SKILLS EXAMINATION REPORT

Skill sheet #

FI 2-9

Certification title

Fire Instructor 2
PROGRAM MANAGEMENT
EVALUATE INSTRUCTORS

Applicant Information

Candidate name

DFS ID #

Course #

Evaluation

Standard:
NFPA 1041 2019 Edition
5.2.6

IFSTA 9th Ed.
Skill Sheet 15-1

Task

Evaluate instructors, given an evaluation form, department policy, and job performance requirements, so the evaluation identifies areas of strengths and weaknesses, recommends changes in instructional style and communication methods, and provides opportunity for instructor feedback to the evaluator.

Conditions and Outcome

Given an Instructor I evaluation form, department policy, and job performance requirements the candidate shall evaluate instructors so that the evaluation identifies areas of strengths and weaknesses, recommends changes in instructional style and communication methods, and provides opportunity for instructor feedback to the evaluator.
The candidate will complete this task with a minimum of 3 items answered correctly

Number	Task Steps	First Test		Retest #1		Retest #2	
		Pass	Fail	Pass	Fail	Pass	Fail
1	Observe instructor and correctly complete instructor evaluation form						
2	Properly identify the instructor's strengths and weaknesses on course delivery form						
3	Make appropriate recommendations for instructional changes to style and/or communication method in "comments" section						
4	Provide instructor feedback area to evaluation form or signature area						
Final Test Result for Entire Task							

Evaluator signature & comments, Test #1		Evaluator signature & comments, Retest #1		Evaluator signature & comments, Retest #2	
Evaluator signature	Date	Evaluator signature	Date	Evaluator signature	Date
Candidate signature & acknowledgement, Test #1		Candidate signature & acknowledgement, Retest #1		Candidate signature & acknowledgement, Retest #2	
By my signature below, I acknowledge I have read and understood the evaluation results and evaluator comments		By my signature below, I acknowledge I have read and understood the evaluation results and evaluator comments		By my signature below, I acknowledge I have read and understood the evaluation results and evaluator comments	
Candidate signature	Date	Candidate signature	Date	Candidate signature	Date

Form DFS-SS-1, 10/12

Originally Approved by NJ SME Committee 12/3/2013.

Title updated 11/29/2017

Renumbered, Aligned to 9th Edition of 1041, and Approved NJ SME Committee 12/13/2019.