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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **National Ski Patrol**  **Quality Assurance – Course/Event Evaluation** | | | | | | | | | | | | | |
| **Program/Course/Event/Clinic**  Enter text here. | | | **Location**  Enter text here. | | | **Region**  Enter text here. | | | | | | **Date**  **E**nter a date. | |
| **Instructor of Record – print name**  Enter text here. | | | **NSP #**  Enter ID # here. | | | **QA Auditor – print name**  Enter text here. | | | | | | **NSP #**  Enter ID # here. | |
| **# of Examiners** | **# of Support Staff** | **# of Candidates** | | **Number Pass/Fail** | | | | **QA Auditor Signature** | | | | | |
| Enter value. | Enter value. | Enter value. | | **Pass**  Number | | **Fail**  Number | | Enter signature here (digital) | | | | | |
| **NSP COURSE NUMBER**  Enter course number here. | | | **Quality Assurance Overall Assessment – check only one of the three (3) boxes below** | | | | | | | | | | |
| Course Met National Standard (+) | | | Course needs improvement (=) | | | | | | Course Failed to meet Standards (-) | | | | |
| **Information below to be used by Instructor Trainer to determine how well the Standard was met.** | | | | | | | | | | | | | |
| Course Title  Enter the course title here. | | | | | | | | | | | | | |
| *After reading the statements below, select one of the following:* | | | | | Strongly disagree  (1) | | Disagree  (2) | | | Neutral  (3) | Agree  (4) | | Strongly agree  (5) |
|  | | | | | | | | | | | | | |
| The objectives of this module/course were adequately covered. | | | | |  | |  | | |  |  | |  |
| Instructors had the opportunity to engage with students. | | | | |  | |  | | |  |  | |  |
| The Instructor(s) provided time for discussion. | | | | |  | |  | | |  |  | |  |
| The Instructor(s) provided time to practice skills/knowledge in class or through components. | | | | |  | |  | | |  |  | |  |
| The Instructor(s) completely reviewed the course material (Course Summary) and allowed for discussion of all modules. | | | | |  | |  | | |  |  | |  |
| The Instructor(s) completely reviewed the material, and allowed for each student to demonstrate understanding. | | | | |  | |  | | |  |  | |  |
| The Instructor(s) completely reviewed the Administrative Procedures and allowed for discussion. | | | | |  | |  | | |  |  | |  |
| The Instructor(s) provided adequate opportunity for mentoring for new/renewing instructors. | | | | |  | |  | | |  |  | |  |
| The Instructor(s) provided a demonstration of the new IMIS Processes for Instructors. (Live demo or Video review). | | | | |  | |  | | |  |  | |  |
| The students had adequate time for any follow-up discussion. | | | | |  | |  | | |  |  | |  |

Better conformance to the national standard for this course/event may be achieved by:

|  |
| --- |
| Enter your comments here. |

Additional comments for quality improvement:

|  |
| --- |
| Enter your comments here. |

*Return completed form to Division Supervisor ID Form for QA - 2017*