Oversight Trainer Observation Form

- **MUST be a level 6 on the career path and have 60 ECP approved training facilitation hours of to be an oversight trainer. You must review all course and event content before the event takes place. By signing the bottom, you are stating this is true.**
- **Please use the back of this form for any additional comments/suggestions**

Your name: _____

Name of PDS you are supervising _____

Event Title: _____

Location/Hours: _____

Observation Questions:

1 Is the trainer's content relevant to the learning objectives?

2. Do the activities in the course have meaning and relevance to the topic?

3. Do the MELS and Knowledge Base content areas match the course content?

4. Does the course content meet the length of the training? Yes or No?

Signature of Oversight Trainer: _____

Date: _____