

**CPR MONTGOMERY**  
**CPR, AED, First Aid, ACLS & PALS TRAINING CENTER**

c/o PSTA \* 9710 Great Seneca Highway \* Rockville, Md. 20850 \* 301-610-7162  
[www.cprmontgomery.com](http://www.cprmontgomery.com) \* [www.mcfrs.org/psta/cprinstructor.asp](http://www.mcfrs.org/psta/cprinstructor.asp) \* [admin@cprmontgomery.com](mailto:admin@cprmontgomery.com)

<b>CPR INSTRUCTOR CANDIDATE OBSERVATION FORM</b>
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Instructor Candidate: \_\_\_\_\_

Course Instructor: \_\_\_\_\_

Date(s) of CPR Course: \_\_\_\_\_

Type of course: (Check One) ☐ Health Care Provider    ☐ Heart Saver    ☐ HS First Aid

Number and Type of Students: \_\_\_\_\_  
(E.g. 10 nursing students, 5 lay people)

Please check the portions of the course that the instructor candidate participated in.

- ☐ Lecture    ☐ Demonstrations    ☐ Practice Coaching    ☐ Skills Competency  
☐ Paperwork Administration

Please rate the candidates skills below

(E= Excellent, A= Adequate, I= Improvement needed, N/O = Not Observed)

**Basic CPR Skills**

- \_\_\_ 1 Rescuer  
\_\_\_ 2 Rescuer  
\_\_\_ Pediatric Resuscitation  
\_\_\_ Airway Obstruction (FBAO)

**Teaching Skills**

- \_\_\_ Preparation  
\_\_\_ Student Interaction  
\_\_\_ General Knowledge

Do you feel that this instructor candidate is prepared at this point in time to organize and teach a basic class on his/her own (and be monitored by an Instructor-Trainer.)

- ☐ Yes, without question.  
☐ Probably, but the instructor candidate needs to work on the skills listed on the back.  
☐ Not at this time; the instructor candidate needs to spend more time with a seasoned instructor to hone skills.

\_\_\_\_\_  
Instructor's Name (Please print)

\_\_\_\_\_  
Instructor's Signature

\_\_\_\_\_  
Date

Please feel free to make any other comments on the back of this sheet and return to Capt. Lee R. Silverman, PSTA 9710 Great Seneca Hwy. Rockville, Md. 20850 ( Inter-office or US Mail)
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