

Arkansas Department of Health and Human Services
Division of Health/Section of EMS & Trauma Systems

Lay Evaluator Evaluation Form

Lay Evaluator Name _____ Date of Evaluation _____

Exam Location _____ Skills Evaluated: PA-T PA-M LSB KED TX SPL LB

Please rate the Lay Evaluator on each item on a scale of 1-5, with 5 being the highest.
1 = unsatisfactory 2 = poor 3 = satisfactory 4 = good 5 = excellent

- | | | | | | | |
|----|---|---|---|---|---|---|
| 1. | Introduction, need to know, importance of the material | 1 | 2 | 3 | 4 | 5 |
| 2. | Organization of room and equipment after each candidate | 1 | 2 | 3 | 4 | 5 |
| 3. | Knowledge base of skill station(s) being tested | 1 | 2 | 3 | 4 | 5 |
| 4. | Properly prepared patient and assistant for exam | 1 | 2 | 3 | 4 | 5 |
| 5. | Effectively prevented candidates from observing documentation practices | 1 | 2 | 3 | 4 | 5 |
| 6. | Provided a professional atmosphere with candidates | 1 | 2 | 3 | 4 | 5 |
| 7. | Delivery qualities: | | | | | |
| | a. Voice, easily audible | 1 | 2 | 3 | 4 | 5 |
| | b. Appearance | 1 | 2 | 3 | 4 | 5 |
| | c. No distracting gestures/mannerisms | 1 | 2 | 3 | 4 | 5 |
| | d. Composed, calm, in control of skill station | 1 | 2 | 3 | 4 | 5 |
| | e. Eye contact, good with all candidates | 1 | 2 | 3 | 4 | 5 |
| | f. Instructions given consistently to each candidate | 1 | 2 | 3 | 4 | 5 |
| | g. Comfortable with the material being evaluated | 1 | 2 | 3 | 4 | 5 |
| 8. | Students appear to be comfortable with the Lay Evaluator | 1 | 2 | 3 | 4 | 5 |
| 9. | Appropriate use of testing aids (if applicable) | 1 | 2 | 3 | 4 | 5 |

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**PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING THE
PROVISIONAL LAY EVALUATOR BY CIRCLING “YES” OR “NO”.**

10. Did the Lay Evaluator secure exam materials, (skill sheets and scenario) when out of the skill station? YES NO
11. Did the Lay Evaluator properly document critical criteria in relation to a candidate’s performance? YES NO
12. Did the Lay Evaluator properly total all practical skill sheets? YES NO
13. Did the Lay Evaluator properly sign all practical skill sheets? YES NO
14. Did the Lay Evaluator properly date all practical skill sheets? YES NO
15. Did the Lay Evaluator properly enforce all time limits of the practical skill station(s)? YES NO

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Check one of the following and document your reasons for this evaluation.

- _____ a. Provisional Lay Evaluator should be given full Lay Evaluator status if all other requirements are met.
- _____ b. Provisional Lay Evaluator scored with a “1” or “2” on four or more items should remain on probationary status and be observed again by a different monitor.

Documentation/comments are required for the items on which the rating is “1” or “2”. Be specific and identify the item to which the comment(s) is related.

Name of Monitor, please print _____ EMT # _____

Signature _____

THIS DOCUMENT MUST BE RETURNED TO:

**Arkansas Department of Health and Human Services
Section of EMS & Trauma Systems
P O Box 1437, Slot H-38
Little Rock, AR 72203-1437**