



Nevada Fire Service Certification System

Fire Service Instructor II Candidate Manipulative Skills Manual



Fire & Hazardous Material Training & Certification Bureau

In Accordance to the NFPA 1041, 2012 Edition

FIRE SERVICE INSTRUCTOR I MANIPULATIVE SKILL OBJECTIVES

GENERAL

- 1- Schedule an instructional session and formulate a budget to support the delivery of the session, so that the specified session is delivered according to department policy.**

REFERENCE: NFPA 1041, 2012 Edition, 5.2.3, 5.2.3(b), 5.2.4, 5.2.4(b)

CONDITION: Given a training goal, agency policies for scheduling, budgets, instructional resources, staff, a facility and timeline for delivery.

COMPETENCE:

- Identify training need or goal.
- Identify department policies for scheduling a facility.
- Identify department budget policy for training.
- Identify required resources needed to deliver course.
- Identify required instructor(s) to deliver course.
- Create a timeline that identifies due dates for the delivery of a course.
- Complete required forms to request facility, materials, budget needs

TIME: 30:00 Minutes

- 2- Coordinate training records so that all agency and legal requirements are met.**

REFERENCE: NFPA 1041, 2012 Edition, 5.2.5, 5.2.5(b)

CONDITION: Given a training record, department policy, a training activity.

COMPETENCE:

- Document date of training recorded.
- Document name(s) of instructors for training session.
- Document participant attending instruction.
- Document topic taught during training session.
- Document hours of instruction.
- Record test or evaluation scores of participants if applicable

TIME: 30:00 Minutes

- 3- Evaluate an instructor during a presentation.**

REFERENCE: NFPA 1041, 2012 Edition, 5.2.6, 5.2.6(b)

CONDITION: Given an evaluation form, department policy, job performance requirements.

COMPETENCE:

- Identifies instructor strengths and weaknesses.
- Recommend changes in instructional style.
- Recommend changes in communication methods.
- Instructor follows lesson plan/course outline.
- Provide feedback to the instructor being evaluated.
- Complete evaluation forms for instructor.

TIME: 25:00 Minutes

INSTRUCTIONAL DEVELOPMENT

- 4- **Create a lesson plan so that the job performance requirements (JPR's) for the topic are achieved, and the plan includes learning objectives, a lesson outline, course materials, instruction aids, and an evaluation plan.**

REFERENCE: NFPA 1041, 2012 Edition, 5.3.2, 5.3.2(b)

CONDITION: Given a topic, audience characteristics, and standard lesson plan format.

COMPETENCE:

- Learning objectives are identified.
- Identify student needs based on an assessment tool.
- Development of instructional media.
- Develop an outline.
- Develop an evaluation tool.
- Identify needed resources for course delivery.

TIME: 60:00 Minutes

- 5- **Modify an existing lesson plan (Use lesson plan developed in skill # 4.) so that the job performance requirements (JPR's) for the topic are achieved, and the plan includes learning objectives, a lesson outline, course materials, instruction aids, and an evaluation plan.**

REFERENCE: NFPA 1041, 2012 Edition, 5.3.3, 5.3.3(b)

CONDITION: Given a topic, audience characteristics, and standard lesson plan format.

COMPETENCE:

- Learning objectives are identified.
- Identify student needs based on an assessment tool.
- Development of instructional media.
- Develop an outline.
- Develop an evaluation tool.
- Identify needed resources for course delivery.

TIME: 60:00 Minutes

INSTRUCTIONAL DELIVERY

- 6- **Conduct a class using a lesson plan that the instructor has prepared (Can use lesson plan from skill # 4 or #5) and involves the utilization of multiple teaching methods and techniques so that the lesson objectives are achieved.**

REFERENCE: NFPA 1041, 2012 Edition, 5.4.2, 5.4.2(b)

CONDITION: Given a topic, target audience, teaching material as identified in lesson plan (minimum of 3 types of audiovisual aids, 1 of which must be a projected type of media).

COMPETENCE:

- Follow lesson plan as developed.
- State the lesson objective(s).
- Transition between different teaching methods as needed.
- Maintain control of classroom environment.
- Manage student behavior as needed to control classroom conduct.
- Transition between various audiovisual aids.
- Safety issues addressed during presentation (if applicable).

TIME: 15:00 Minutes

- 7- **Supervise other instructors and students during a high hazard training evolution so that applicable safety standards and practices are followed and instructional goals are met.**

REFERENCE: NFPA 1041, 2012 Edition, 5.4.3, 5.4.3(b)

CONDITION: Given a training scenario with increased hazard exposure (i.e., live fire exercise, hazardous materials, high angle or below grade rescue evolutions).

COMPETENCE:

- Conduct a pre-evolution briefing with instructors and students.
- Identify safety issues and concerns.
- Identify emergency procedures in the event of an emergency.
- Establish an Incident Command System to be used during the evolution.
- Identify regulations and practices to be followed during training evolution.

TIME: 10:00 Minutes

EVALUATION AND TESTING

- 8- Develop a student evaluation (testing) instrument so that the evaluation instrument determines if the student has achieved the learning objectives.**

REFERENCE: NFPA 1041, 2012 Edition, 5.5.2, 5.5.2(b)

CONDITION: Given a learning objective, audience characteristics, training goals and testing procedures.

COMPETENCE:

- Identify the learning objective.
- Identify type of evaluation method best for learning objective to be tested.
- Develop evaluation tool that is objective and is bias free.
- Reference evaluation tool to learning objective.
- Evaluation tool is reliable and verifiable.
- Follow evaluation policies during testing process.

TIME: 30:00 Minutes

- 9- Develop Class Evaluation Form so that the students have the ability to provide feedback to the instructor.**

REFERENCE: NFPA 1041, 2012 Edition, 5.5.3, 5.5.3(b)

CONDITION: Given agency policy and evaluation goals.

COMPETENCE:

- Evaluation form contains: date, location of course and instructor name.
- Form identifies instructor methodology.
- Form identifies instructor communication skills.
- Form identifies learning environment.
- Form identifies course content.
- Form identifies student materials.
- Form does not require student name.

TIME: 30:00 Minutes

- 10- Analyze a student evaluation instrument so that validity is determined and necessary changes are accomplished.**

REFERENCE: NFPA 1041, 2012 Edition, 5.5.4, 5.5.4(b)

CONDITION: Given test data, objectives and agency policies.

COMPETENCE:

- Grade and rank student test scores.
- Determine mean score of test group.
- Evaluate test scores to determine if questions skewed.
- Record test scores.
- Report test scores to students following policy.

TIME: 30:00 Minutes

GENERAL

Skill 1: Schedule an instructional session and formulate a budget to support the delivery of the session, so that the specified session is delivered according to department policy.

CONDITION: Given a training goal, agency policies for scheduling, budgets, instructional resources, staff, a facility and timeline for delivery.

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st. Att.</u>		<u>2nd Att.</u>	
	<u>Y</u>	<u>N</u>	<u>Y</u>	<u>N</u>
1. Identify training need or goal.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Identify department policies for scheduling a facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Identify department budget policy for training.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Identify required resources needed to deliver course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Identify required instructor(s) to deliver course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Create a timeline that identifies due dates for the delivery of a course.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Complete required forms to request facility, materials, budget needs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

Evaluator Comments: _____

Evaluator #1: _____

(Please Print)

Evaluator #2: _____

(Please Print)

Notice to Evaluators: Candidate must sign for **2nd attempt failures**. By this signature the candidate is notified that he/she has failed this skill and will be require to take a 3rd and final attempt, no sooner than 30 days from today's date. The 3rd attempt will consist of **this skill** plus **one additional skill** from this same area of the standard.

Candidate's Signature: _____

Skill 2: Coordinate training records so that all agency and legal requirements are met.

CONDITION: Given a training record, department policy, a training activity.

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st. Att.</u>		<u>2nd Att.</u>	
	<u>Y</u>	<u>N</u>	<u>Y</u>	<u>N</u>
1. Document date of training recorded.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Document name(s) of instructors for training session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Document participant attending instruction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Document topic taught during training session.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Document hours of instruction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Record test or evaluation scores of participants if applicable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

Evaluator Comments: _____

Evaluator #1: _____

(Please Print)

Evaluator #2: _____

(Please Print)

Notice to Evaluators: Candidate must sign for **2nd attempt failures**. By this signature the candidate is notified that he/she has failed this skill and will be require to take a 3rd and final attempt, no sooner than 30 days from today's date. The 3rd attempt will consist of **this skill** plus **one additional skill** from this same area of the standard.

Candidate's Signature: _____

Skill 3: Evaluate an instructor during a presentation.

CONDITION: Given an evaluation form, department policy, job performance requirements.

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st. Att.</u>		<u>2nd Att.</u>	
	<u>Y</u>	<u>N</u>	<u>Y</u>	<u>N</u>
1. Identifies instructor strengths and weaknesses.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Recommend changes in instructional style.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Recommend changes in communication methods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Instructor follows lesson plan/course outline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Provide feedback to the instructor being evaluated.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Complete evaluation forms for instructor.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

Evaluator Comments: _____

Evaluator #1: _____

(Please Print)

Evaluator #2: _____

(Please Print)

Notice to Evaluators: Candidate must sign for **2nd attempt failures**. By this signature the candidate is notified that he/she has failed this skill and will be require to take a 3rd and final attempt, no sooner than 30 days from today's date. The 3rd attempt will consist of **this skill** plus **one additional skill** from this same area of the standard.

Candidate's Signature: _____

INSTRUCTIONAL DEVELOPMENT

Skill 4: Create a lesson plan so that the job performance requirements (JPR's) for the topic are achieved, and the plan includes learning objectives, a lesson outline, course materials, instruction aids, and an evaluation plan.

CONDITION: Given a topic, audience characteristics, and standard lesson plan format.

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st. Att.</u>		<u>2nd Att.</u>	
	<u>Y</u>	<u>N</u>	<u>Y</u>	<u>N</u>
1. Learning objectives are identified.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Identify student needs based on an assessment tool.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Development of instructional media.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Develop an outline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Develop an evaluation tool.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Identify needed resources for course delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

Evaluator Comments: _____

Evaluator #1: _____

(Please Print)

Evaluator #2: _____

(Please Print)

Notice to Evaluators: Candidate must sign for **2nd attempt failures**. By this signature the candidate is notified that he/she has failed this skill and will be require to take a 3rd and final attempt, no sooner than 30 days from today's date. The 3rd attempt will consist of **this skill** plus **one additional skill** from this same area of the standard.

Candidate's Signature: _____

Skill 5: **Modify an existing lesson plan (Use lesson plan developed in skill # 4.) so that the job performance requirements (JPR's) for the topic are achieved, and the plan includes learning objectives, a lesson outline, course materials, instruction aids, and an evaluation plan.**

CONDITION: **Given a topic, audience characteristics, and standard lesson plan format**

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st. Att.</u>		<u>2nd Att.</u>	
	Y	N	Y	N
1. Learning objectives are identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Identify student needs based on an assessment tool.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Development of instructional media.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Develop an outline.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Develop an evaluation tool.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Identify needed resources for course delivery.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

Evaluator Comments: _____

Evaluator #1: _____

(Please Print)

Evaluator #2: _____

(Please Print)

Notice to Evaluators: Candidate must sign for **2nd attempt failures**. By this signature the candidate is notified that he/she has failed this skill and will be require to take a 3rd and final attempt, no sooner than 30 days from today's date. The 3rd attempt will consist of **this skill** plus **one additional skill** from this same area of the standard.

Candidate's Signature: _____

INSTRUCTIONAL DELIVERY

Skill 6: Conduct a class using a lesson plan that the instructor has prepared (Can use lesson plan from skill # 4 or #5) and involves the utilization of multiple teaching methods and techniques so that the lesson objectives are achieved.

CONDITION: Given a topic, target audience, teaching material as identified in lesson plan (minimum of 3 types of audiovisual aids, 1 of which must be a projected type of media).

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st. Att.</u>		<u>2nd Att.</u>	
	<u>Y</u>	<u>N</u>	<u>Y</u>	<u>N</u>
1. Follow lesson plan as developed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. State the lesson objective(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Transition between different teaching methods as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Maintain control of classroom environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Manage student behavior as needed to control classroom conduct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Transition between various audiovisual aids.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Safety issues addressed during presentation (if applicable).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>		<u>FAIL</u>	
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evaluator Comments: _____

Evaluator #1: _____

(Please Print)

Evaluator #2: _____

(Please Print)

Notice to Evaluators: Candidate must sign for **2nd attempt failures**. By this signature the candidate is notified that he/she has failed this skill and will be require to take a 3rd and final attempt, no sooner than 30 days from today's date. The 3rd attempt will consist of **this skill** plus **one additional skill** from this same area of the standard.

Candidate's Signature: _____

Skill 7: Supervise other instructors and students during a high hazard training evolution so that applicable safety standards and practices are followed and instructional goals are met.

CONDITION: Given a training scenario with increased hazard exposure (i.e., live fire exercise, hazardous materials, high angle or below grade rescue evolutions).

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st. Att.</u>	<u>2nd Att.</u>
	Y N	Y N
1. Conduct a pre-evolution briefing with instructors and students.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
2. Identify safety issues and concerns.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
3. Identify emergency procedures in the event of an emergency.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
4. Establish an Incident Command System to be used during the evolution.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
5. Identify regulations and practices to be followed during training evolution.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

Evaluator Comments: _____

Evaluator #1: _____

(Please Print)

Evaluator #2: _____

(Please Print)

Notice to Evaluators: Candidate must sign for **2nd attempt failures**. By this signature the candidate is notified that he/she has failed this skill and will be require to take a 3rd and final attempt, no sooner than 30 days from today's date. The 3rd attempt will consist of **this skill** plus **one additional skill** from this same area of the standard.

Candidate's Signature: _____

EVALUATION AND TESTING

Skill 8: Develop a student evaluation (testing) instrument so that the evaluation instrument determines if the student has achieved the learning objectives.

CONDITION: Given a learning objective, audience characteristics, training goals and testing procedures.

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st. Att.</u>		<u>2nd Att.</u>	
	Y	N	Y	N
1. Identify the learning objective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Identify type of evaluation method best for learning objective to be tested.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Develop evaluation tool that is objective and is bias free.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Reference evaluation tool to learning objective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Evaluation tool is reliable and verifiable.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Follow evaluation policies during testing process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>		<u>FAIL</u>	
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Evaluator Comments: _____

Evaluator #1: _____

(Please Print)

Evaluator #2: _____

(Please Print)

Notice to Evaluators: Candidate must sign for **2nd attempt failures**. By this signature the candidate is notified that he/she has failed this skill and will be require to take a 3rd and final attempt, no sooner than 30 days from today's date. The 3rd attempt will consist of **this skill** plus **one additional skill** from this same area of the standard.

Candidate's Signature: _____

Skill 9: **Develop Class Evaluation Form so that the students have the ability to provide feedback to the instructor.**

CONDITION: **Given agency policy and evaluation goals.**

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st. Att.</u>		<u>2nd Att.</u>	
	<u>Y</u>	<u>N</u>	<u>Y</u>	<u>N</u>
1. Evaluation form contains: date, location of course and instructor name.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Form identifies instructor methodology.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Form identifies instructor communication skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Form identifies learning environment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Form identifies course content.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Form identifies student materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Form does not require student name.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

Evaluator Comments: _____

Evaluator #1: _____

(Please Print)

Evaluator #2: _____

(Please Print)

Notice to Evaluators: Candidate must sign for **2nd attempt failures**. By this signature the candidate is notified that he/she has failed this skill and will be require to take a 3rd and final attempt, no sooner than 30 days from today's date. The 3rd attempt will consist of **this skill** plus **one additional skill** from this same area of the standard.

Candidate's Signature: _____

Skill 10: Analyze a student evaluation instrument so that validity is determined and necessary changes are accomplished.

CONDITION: Given test data, objectives and agency policies.

APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:

	<u>1st. Att.</u>		<u>2nd Att.</u>	
	<u>Y</u>	<u>N</u>	<u>Y</u>	<u>N</u>
1. Grade and rank student test scores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Determine mean score of test group.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Evaluate test scores to determine if questions skewed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Record test scores.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Report test scores to students following policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERFORMANCE RATING ON THIS SKILL:

	<u>PASS</u>	<u>FAIL</u>
First Attempt	<input type="checkbox"/>	<input type="checkbox"/>
Second Attempt	<input type="checkbox"/>	<input type="checkbox"/>

Evaluator Comments: _____

Evaluator #1: _____

(Please Print)

Evaluator #2: _____

(Please Print)

Notice to Evaluators: Candidate must sign for **2nd attempt failures**. By this signature the candidate is notified that he/she has failed this skill and will be require to take a 3rd and final attempt, no sooner than 30 days from today's date. The 3rd attempt will consist of **this skill** plus **one additional skill** from this same area of the standard.

Candidate's Signature: _____