



Nevada Department of  
**Public Safety**  
State Fire Marshal

## **Nevada Fire Service Certification System**

# **Fire Service Instructor II Candidate Manipulative Skills Manual**

Fire & Hazardous Material Training & Certification Bureau  
Revised July 2024



**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, 2019 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, 2019 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, 2019 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, 2019 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

## INSTRUCTIONAL DELIVERY

- 5- **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 and is delivered in a safe and effective manner.**

REFERENCE: NFPA 1041, 2019 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

**6- Supervise other instructors and students during a specialized training scenario so that applicable safety standards and practices are followed and instructional goals are met.**

REFERENCE: NFPA 1041, 2019 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**

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

REFERENCE: NFPA 1041, 2019 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

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

REFERENCE: NFPA 1041, 2019 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

## 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.**  
NFPA 1041, 2019 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.**

**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.**

NFPA 1041, 2019 Edition, 5.2.5, 5.2.5(b)

**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.  
NFPA 1041, 2019 Edition, 5.2.6, 5.2.6(b)

**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.  
NFPA 1041, 2019 Edition, 5.3.2, 5.3.2(b)

**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: \_\_\_\_\_



## INSTRUCTIONAL DELIVERY

**Skill 5:** 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.  
 NFPA 1041, 2019 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).

**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"/>
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 6:** 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.  
 NFPA 1041, 2019 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).

**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 7:**                    **Develop a student evaluation (testing) instrument so that the evaluation instrument determines if the student has achieved the learning objectives.**  
 NFPA 1041, 2019 Edition, 5.5.2, 5.5.2(b)

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

**APPLICANT PERFORMED THE FOLLOWING COMPETENCIES:**

	<b>1st. Att.</b>		<b>2nd Att.</b>	
	<b>Y</b>	<b>N</b>	<b>Y</b>	<b>N</b>
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"/>

	<b>PASS</b>		<b>FAIL</b>	
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 8:**                    **Develop Class Evaluation Form so that the students have the ability to provide feedback to the instructor.**  
 NFPA 1041, 2019 Edition, 5.5.3, 5.5.3(b)

**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: \_\_\_\_\_

**Fire Service Instructor II  
Manipulative Skills Examination  
NFPA 1041 (2019) Chapter 5 (Skills 1-8)**

Candidate: \_\_\_\_\_ Candidate I.D. # \_\_\_\_\_

Evaluator: \_\_\_\_\_ Date: \_\_\_\_\_

Test Location \_\_\_\_\_ Topic \_\_\_\_\_

**SKILL:** Demonstrate the ability to present a lesson plan created by the student.

**CONDITION:** Utilizing a lesson plan developed by the student, given a target audience, classroom, audiovisual equipment, non-projectable media, evaluation material and a training record.

**TIME:** 15:00 Minutes (+/- 2 Minutes)

**INSTRUCTIONS:** Prior to evaluating this student, ask for a copy of the Lesson plan that was developed by the student. This should also include a Course Evaluation tool and a Testing Tool of some type: quiz, checklist, etc. based on the topic of the Lesson plan.

**Evaluate the applicant to see that they perform the following competencies:**

	<b>P</b>	<b>F</b>
1. Create a lesson plan.	<input type="checkbox"/>	<input type="checkbox"/>
2. Prepare classroom for presentation.	<input type="checkbox"/>	<input type="checkbox"/>
3. Present lesson plan to audience as outlined.	<input type="checkbox"/>	<input type="checkbox"/>
4. Use AV equipment during presentation.	<input type="checkbox"/>	<input type="checkbox"/>
5. Transition between AV and lesson plan.	<input type="checkbox"/>	<input type="checkbox"/>
6. Follow lesson plan as outlined.	<input type="checkbox"/>	<input type="checkbox"/>
7. Administer an evaluation during presentation.	<input type="checkbox"/>	<input type="checkbox"/>
8. Provide feedback to students of evaluation.	<input type="checkbox"/>	<input type="checkbox"/>
9. Use course evaluation form during class.	<input type="checkbox"/>	<input type="checkbox"/>
10. Coordinate records for training session.	<input type="checkbox"/>	<input type="checkbox"/>
11. Evaluate another instructor during a presentation.	<input type="checkbox"/>	<input type="checkbox"/>
12. Completed skill in allotted time (within 13 to 17 minutes).	<input type="checkbox"/>	<input type="checkbox"/>

Presentation time: \_\_\_\_\_

**PERFORMANCE RATING ON THIS SKILLS EXAM:** **PASS** **FAIL**

**Candidates are required to complete 100% of these skills satisfactory.**

**Candidate's Signature:** \_\_\_\_\_

As an Evaluator for the Nevada Fire Service Professional Qualifications certification program I have followed the Policies and Procedures during this test and signify this with my signature below.

**Evaluator Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_