# New Trainer Observation and Feedback

**Trainer/Presenter Candidate Name:** [Insert candidate name]

**Teach-Back Segment:** [Insert teach-back segment name]

**Observer:** [Insert observer name]

**Instructions**: Use this form as a starting point for your development efforts. Customize this form, adding relevant information as appropriate or removing information that does not apply to your situation.

**User Directions**:

1. Complete this feedback form for each trainer or presenter.
2. Check all characteristics you observe that are demonstrated by the trainer or presenter.
3. Circle the strongest dimension demonstrated.
4. Share one positive comment.
5. Indicate if the individual is recommended as a trainer or for continued observation.

## Eye Contact

| Check Box | Characteristic |
| --- | --- |
|  | Created a strong connection to the majority of participants |
|  | Maintained direct eye contact with participants, rather than in the air, on the floor, or on the slides |
|  | Distributed eye contact across the audience |

## Voice

| Check Box | Characteristic |
| --- | --- |
|  | Used facilitative, conversational tone |
|  | Used suitable tone and volume |
|  | Maintained appropriate cadence throughout the presentation |
|  | Used clear pronunciation |
|  | Integrated appropriate pausing |

## Body Language

| Check Box | Characteristic |
| --- | --- |
|  | Used natural gestures |
|  | Maintained a welcoming posture |
|  | Embodied confidence (strong stance) |
|  | Demonstrated purposeful movement |
|  | Effectively maximized space |

## Clarity

| Check Box | Characteristic |
| --- | --- |
|  | Clearly expressed points |
|  | Gave well-defined instructions (easy to follow) |
|  | Provided complete thoughts |
|  | Provided concise explanations |
|  | Addressed question(s) asked |

## Comprehension

| Check Box | Characteristic |
| --- | --- |
|  | Clearly conveyed key learning concepts of the assigned segment |
|  | Checked for participant understanding |

## Engagement

The one thing that really engaged me was:

[Insert response]

## Recommendation

Please select one:

| Check Box | Recommendation |
| --- | --- |
|  | **Strong candidate.** Recommend as trainer for [Insert type of training, training cadre, or organization]. |
|  | **Mentee candidate.** Recommend continued observation. Circle the primary areas above needing improvement. |