

Institution	Date
Instructor Being Evaluated (Print and sign name)	
Lead Instructor/Evaluator (Print and sign name)	

**Yes - No**

**I. TECHNICAL SKILLS**

**LEAD INSTRUCTOR COMMENTS**

DID THE INSTRUCTOR:

Communicate a technical knowledge of the subject matter generally

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Articulate the Bureau of Prisons' position regarding the use of force as it pertains to the self-defense program

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explain and demonstrate the use of distance (from inmates) and its essential relationship to the self-defense program

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Identify a minimum of five methods for summoning assistance when confronted with an escalated physical confrontation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Demonstrate and articulate the proper methods of execution for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Single Wrist Grab

\_\_\_\_\_  
\_\_\_\_\_

Double Wrist Grab

\_\_\_\_\_  
\_\_\_\_\_

Front Choke

\_\_\_\_\_  
\_\_\_\_\_

- Lapel Grab (Spin Move) \_\_\_\_\_  
\_\_\_\_\_
- Lapel Grab (Wrist Twist) \_\_\_\_\_  
\_\_\_\_\_
- Extended Rear Choke \_\_\_\_\_  
\_\_\_\_\_
- Bear Hug \_\_\_\_\_  
\_\_\_\_\_
- Close-in Military Choke \_\_\_\_\_  
\_\_\_\_\_
- Headlock \_\_\_\_\_  
\_\_\_\_\_
- Trapped in a corner (Heel Palm Strike) \_\_\_\_\_  
\_\_\_\_\_
- Frontal Knife Attack (Let force pass) \_\_\_\_\_  
\_\_\_\_\_
- Crabwalk/Fall \_\_\_\_\_  
\_\_\_\_\_
- Escort Procedures \_\_\_\_\_  
\_\_\_\_\_

Yes - No

**II. INSTRUCTIONAL ABILITY**

**LEAD INSTRUCTOR COMMENTS**

Was the lesson plan format followed

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Was voice projection appropriate for the size of the class

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**TRAINING AIDS**

a. Were training aids used

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b. Did they contribute to the effectiveness of the class

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Was control/discipline maintained throughout the class

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Was the instructor's conduct and/or manner of speaking appropriate

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Were students questions responded to knowledgeably

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Yes - No

**III. SAFETY**

**LEAD INSTRUCTOR COMMENTS**

Were students advised of needed safety precautions at the beginning of the class

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Were unsafe practices observed during the class? If "yes," describe in "comments" column

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**IV. EDM REVIEW AND RECOMMENDATIONS**

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**V. CEO ACTION**

Re-certification:  Approved  
 Disapproved

Signature	Date
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Original: EDM file  
Copy: Instructor Being Evaluated

(This form may be replicated via WP)