



MOTORCYCLE OHIO PEER OBSERVATION 360

REVIEW - PREVIEW

This self-directed exercise is intended to help you identify specific areas you can focus on for self-improvement after your peer observation. Awareness of these specific areas can provide opportunities toward becoming a more effective instructor. Below are some of the questions you should be asking yourself before / after a range exercise. Use this to help you review your performance from the observation before you fill out the feedback form on page two.

Page two is a feedback and self-assessment form for you to use after a peer-observation. Please be specific with your feedback on page two and send it in after your peer observation. This is your opportunity to provide your perspective and feedback on your performance and the peer observation process. It will be put on a PDF and returned to you and sent to the Chief Instructors only.

SELF EVALUATION – RANGE REVIEW

1. WHEN YOU WERE THE LEAD INSTRUCTOR FOR AN EXERCISE, DID YOU:	
<input type="checkbox"/> FOLLOW / READ THE CARDS	
<input type="checkbox"/> DID YOU ADD ADDITIONAL INFORMATION?	
HOW DID YOU ANSWER QUESTIONS FOR THE STUDENTS?	
<input type="checkbox"/> GUIDE THE STUDENTS TO THE ANSWERS	
<input type="checkbox"/> GIVE ANSWERS TO QUESTIONS WHEN APPROPRIATE	
<input type="checkbox"/> DID YOU STAY ON TIME?	
<input type="checkbox"/> NEED TO WATCH MORE CLOSELY?	
HOW WELL DID YOU CONTROL STAGING?	
<input type="checkbox"/> OK	
<input type="checkbox"/> NEED TO WATCH MORE CLOSELY?	
WHAT TYPE OF DEBRIEF QUESTIONS DID YOU USE?	

2. HOW WAS YOUR DEMO PERFORMANCE AS CO-INSTRUCTOR:	
HOW WAS YOUR DEMO SPEED?	
<input type="checkbox"/> TOO SLOW	
<input type="checkbox"/> OK	
<input type="checkbox"/> TOO FAST	
DID YOU SHOW THE CORRECT TECHNIQUES?	WAS THE PATH OF TRAVEL CORRECT?
<input type="checkbox"/> YES	<input type="checkbox"/> YES
<input type="checkbox"/> NO	<input type="checkbox"/> NO

3. HOW WAS YOUR RANGE CONTROL AND COACHING POSITIONS?	
DID YOU USE A COACHING POSITION DIFFERENT THAN SHOWN ON THE RANGE CARDS?	
<input type="checkbox"/> YES	
<input type="checkbox"/> NO	
IF YES, HOW DID YOU DECIDE TO USE A DIFFERENT POSITION?	
HOW INTERACTIVE (ADULT CENTERED) WAS YOUR COACHING?	
<input type="checkbox"/> NEEDS WORK	<input type="checkbox"/> GOOD
<input type="checkbox"/> OK	<input type="checkbox"/> VERY GOOD
HOW WELL DID YOU AND YOUR CO-INSTRUCTOR COMMUNICATE / COORDINATE?	
<input type="checkbox"/> NEEDS WORK	<input type="checkbox"/> GOOD
<input type="checkbox"/> OK	<input type="checkbox"/> VERY GOOD
DO YOU FEEL YOU:	
<input type="checkbox"/> STUCK WITH THE MAIN OBJECTIVE OF THE EXERCISE	
<input type="checkbox"/> OR DID YOU OVER-COACH?	
4. HOW WELL DID YOU USE THE SEARCH COACHING ACTION STEPS USED IN THE "SEE" STRATEGY TO FIND COACHING OPPORTUNITIES IN RELATION TO MAJOR SKILLS, EVALUATIONS ON THE RANGE CARDS AND RIDER ACTIONS?	
<input type="checkbox"/> DON'T KNOW WHAT IT IS!	

5. WERE YOU ABLE TO IDENTIFY DIFFERENT LEARNING STYLES AND PERSONALITY TYPES AND RESPOND TO THE NEEDS OF THE STUDENTS?

- YES
 NO
 NEED HELP

As a best practice, instructors should review their performance and solicit suggestions / feedback from each other during class breaks, or have a short de-brief after the class. You can use this as a handy reminder and talking piece to foster that discussion.

PEER OBSERVATION FEEDBACK FROM INSTRUCTOR: (Instructor completes)

INSTRUCTOR NAME	DATE
-----------------	------

Please be specific with your feedback. Make comments on this form. Keep it simple but meaningful, especially for you. Return the completed feedback form (see bottom of page).

1. HOW WAS YOUR PEER OBSERVATION EXPERIENCE?

- POOR GOOD EXCELLENT

PLEASE COMMENT ON WHAT YOU LIKED OR DID NOT LIKE ABOUT THE ABOUT THE OBSERVATION EXPERIENCE AND ANY CONSTRUCTIVE SUGGESTIONS.

2. FROM ANY OF THE EXERCISES IN WHICH YOU WERE OBSERVED, WHICH WAS THE BEST AND WHY?

- | | |
|--|---|
| <input type="checkbox"/> INTRO TO EXERCISE | <input type="checkbox"/> RANGE MANAGEMENT |
| <input type="checkbox"/> READING THE DIRECTIONS | <input type="checkbox"/> COACHING |
| <input type="checkbox"/> SYNC DEMO W / EVALUATION POINTS | <input type="checkbox"/> STUDENT FEEDBACK |
| <input type="checkbox"/> STAGING AREA / STARTING NEXT EXERCISE | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> SIMULATED PRACTICE | <input type="checkbox"/> EVERYTHING - I'M PERFECT |

TELL US WHY YOU ARE GOOD AT THIS SKILL(S):

3. FROM ANY OF THE EXERCISES IN WHICH YOU WERE OBSERVED, WHICH EXERCISE OR ELEMENTS OF AN EXERCISE NEEDS IMPROVEMENT AND WHY?

- | | |
|--|--|
| <input type="checkbox"/> INTRO TO EXERCISE | <input type="checkbox"/> RANGE MANAGEMENT |
| <input type="checkbox"/> READING THE DIRECTIONS | <input type="checkbox"/> COACHING |
| <input type="checkbox"/> SYNC DEMO W / EVALUATION POINTS | <input type="checkbox"/> STUDENT FEEDBACK |
| <input type="checkbox"/> STAGING AREA / STARTING NEXT EXERCISE | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> SIMULATED PRACTICE | <input type="checkbox"/> NOTHING - I'M PERFECT |

TELL US HOW YOU WILL IMPROVE THIS SKILL(S):

4. WOULD YOU LIKE TO BE CONTACTED BY A CHIEF FOR AN OBSERVATION OR FOLLOW-UP TO THIS OBSERVATION?

- YES NO

IF CONTACT IS REQUESTED, WHAT WOULD YOU LIKE THE CHIEF TO CONCENTRATE ON?
COMMENTS:

WITH-IN 24 HOURS OF RECEIVING YOUR PEER OBSERVATION REPORT, E-MAIL, FAX OR MAIL THIS PAGE TO:

Ohio Department of Public Safety
Motorcycle Ohio
Attn. Peer Observation Review
P.O. Box 182081
Columbus, Ohio 43218-2081
FAX: (614) 728-8330 or e-mail to mogen@dps.ohio.gov

Motorcycle Ohio:
Scan into PDF and e-mail
all Chiefs and the
Instructor named above.