**Instructions**: Conduct observation. Complete this form. Share results of observation with the instructor. File this completed form with appropriate Dean’s office.

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| --- | --- | --- |
| Instructor | Course | Semester/Year |
| Instructor is: [ ]  Full Time [ ]  Part-time | Instructor was informed in advance of the timing of this observation: [ ]  Yes [ ]  No |
| What did the instructor do well in teaching the class? |
| What specific things do you believe might be done to improve the instructor’s teaching? |
| Additional Comments |
| **Criteria** | **Evaluation** |
| *Course content is current, relevant, and based in sound pedagogy/theory/practice.* |  [ ]  Excellent [ ]  Commendable [ ]  Satisfactory [ ]  Unsatisfactory |
| Comments and examples to support rating: |
| *Instructor demonstrates content expertise.* |  [ ]  Excellent [ ]  Commendable [ ]  Satisfactory [ ]  Unsatisfactory |
| Comments and examples to support rating: |
| *Communicates ideas and concepts clearly.* |  [ ]  Excellent [ ]  Commendable [ ]  Satisfactory [ ]  Unsatisfactory |
| Comments and examples to support rating: |
| *Demonstrates teaching that promotes student learning and outcomes by using effective techniques, activities, and delivery of content.* |  [ ]  Excellent [ ]  Commendable [ ]  Satisfactory [ ]  Unsatisfactory |
| Comments and examples to support rating: |

|  |  |
| --- | --- |
| *Provides opportunity for student questions and participation.* |  [ ]  Excellent [ ]  Commendable [ ]  Satisfactory [ ]  Unsatisfactory |
| Comments and examples to support rating: |

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| **Please complete each of these:** |
| *Began on time.* |  [ ]  Yes [ ]  No |
| *Full use of class time.* |  [ ]  Yes [ ]  No |
| *Able to hear instructions clearly.* |  [ ]  Yes [ ]  No |
| Comments and Discussion |
| Instructor's Comments |
| **Signatures** |
| Instructor's Signature indicating that the instructor has read this observation Date |
| Observer's Name |
| Observer's Signature Date |