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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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: | |

|  |  |
| --- | --- |
| **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 | |