



OBSERVATION OF TEACHING EFFECTIVENESS

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 <input type="checkbox"/> Full Time <input type="checkbox"/> Part-time		Instructor was informed in advance of the timing of this observation <input type="checkbox"/> Yes <input type="checkbox"/> No
Observer Name		Observation Date
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 		

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Criteria	Evaluation
<i>Course content is current, relevant, and based in sound pedagogy/theory/practice.</i>	<input type="checkbox"/> Excellent <input type="checkbox"/> Commendable <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Comments and examples to support rating	
<i>Instructor demonstrates content expertise.</i>	<input type="checkbox"/> Excellent <input type="checkbox"/> Commendable <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Comments and examples to support rating	
<i>Communicates ideas and concepts clearly.</i>	<input type="checkbox"/> Excellent <input type="checkbox"/> Commendable <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Comments and examples to support rating	
<i>Demonstrates teaching that promotes student learning and outcomes by using effective techniques, activities, and delivery of content.</i>	<input type="checkbox"/> Excellent <input type="checkbox"/> Commendable <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory
Comments and examples to support rating	

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<i>Provides opportunity for student questions and participation.</i>	<input type="checkbox"/> Excellent <input type="checkbox"/> Commendable <input type="checkbox"/> Satisfactory <input type="checkbox"/> Unsatisfactory	
Comments and examples to support rating		
Please complete the following:		
<i>Began on time</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Full use of class time</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Able to hear instructions clearly</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments and Discussion		
Instructor's Comments		
Signatures		
Instructor's Signature indicating that the instructor has read this observation	I have read this observation <input type="checkbox"/> Yes	Date
Observer's Name		
Observer's Signature	I did this observation on the date listed at the top of the form <input type="checkbox"/> Yes.	Date

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If needed, please use this page for additional comments.		
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Observer Name	Observation Date	
Additional Comments		