OBSERVATION FORM  
FULL-TIME AND PART-TIME FACULTY

Faculty Member: _____  Date of Observation: _____
Course: _____  Activity Observed: _____
Observer: _____  Class Location or URL: _____

Overall description of face to face or online class or work environment being visited: i.e., course objectives, student composition, modules visited (for online courses) and other pertinent information:

Directions: All statements and questions should be rated. Outstanding and unusually effective instruction should receive the highest rating. Complete the appropriate section(s) as applicable.

SECTION 1: ALL COURSES

1. Were the objectives of the class made clear? 5 4 3 2 1 NA
2. Were important concepts and ideas presented clearly? 5 4 3 2 1 NA
3. Did the class activities demonstrate preparation and organization? 5 4 3 2 1 NA
4. Was the class time used effectively? 5 4 3 2 1 NA
5. Were students encouraged to use critical thinking and analysis? 5 4 3 2 1 NA
6. Were clear and consistent methods and procedures evident? 5 4 3 2 1 NA
7. Did the instructor involve students when relevant? 5 4 3 2 1 NA

Key:  Highest = 5
Lowest = 1
Not Applicable = NA
8. Did the instructor recognize the need to communicate with students of varying abilities?

9. Did the instructor relate to the students as individuals?

10. Were the students responsive and engaged?

11. Did the instructor anticipate difficulties and prepare students beforehand?

12. Does the instructor emphasize ways of solving problems rather than offering solutions?

13. Did the instructor use multimedia?

14. Is the syllabus up to date and does it guide instruction?

Comments:

SECTION 2: ONLINE COURSES

1. Are content pages easy to read and do they effectively direct the student throughout the course?

2. Does the instructor send regular communication to students? (e.g. e-mails or announcements at least weekly, feedback to students regarding student questions, grading, etc)

SECTION 3: PROFESSIONAL WORK ENVIRONMENT

1. Were the objectives of the work made clear?

2. Were important concepts and ideas presented clearly?
3. Did the work activities demonstrate preparation and organization? 5  4  3  2  1  NA

4. Was the time used effectively? 5  4  3  2  1  NA

5. Was critical thinking and analysis encouraged? 5  4  3  2  1  NA

6. Were clear and consistent methods and procedures evident? 5  4  3  2  1  NA

7. Did the faculty member involve students or colleagues as relevant? 5  4  3  2  1  NA

8. Did the faculty member recognize the need to communicate with persons of varying abilities? 5  4  3  2  1  NA

9. Did the faculty member relate to people as individuals? 5  4  3  2  1  NA

10. Were the students and/or contacts responsive and engaged? 5  4  3  2  1  NA

11. Did the faculty member anticipate difficulties and prepare beforehand? 5  4  3  2  1  NA

12. Does the faculty member emphasize ways of solving problems rather than offering solutions? 5  4  3  2  1  NA

13. Did the faculty member use appropriate technology? 5  4  3  2  1  NA

Comments:

This evaluation has been reviewed with on .

_________________________   __________________
Signature of Evaluatee                Date

_________________________   __________________
Signature of Evaluator                Date