INSTRUCTIONAL OBSERVATION FORM

Faculty Member Name:

Evaluator Name:

Course Number and Title:

Date/Time/Location of Evaluation:

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| --- | --- | --- | --- | --- | --- |
| I. OBSERVER COMMENTS | | | | | |
| Content mastery is evident | Exceeds Expectations | Meets Expectations | Improvement Needed | Unsatisfactory | Not Observed |
| Comments/Suggestions: | | | | |
| Uses positive reinforcement | Exceeds Expectations | Meets Expectations | Improvement Needed | Unsatisfactory | Not Observed |
| Comments/Suggestions: | | | | |
| Learning is assessed | Exceeds Expectations | Meets Expectations | Improvement Needed | Unsatisfactory | Not Observed |
| Comments/Suggestions: | | | | |
| Planning and/or intentionality is evident | Exceeds Expectations | Meets Expectations | Improvement Needed | Unsatisfactory | Not Observed |
| Comments/Suggestions: | | | | |
| Environment is conducive to learning | Exceeds Expectations | Meets Expectations | Improvement Needed | Unsatisfactory | Not Observed |
| Comments/Suggestions: | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Positive comportment is demonstrated | Exceeds Expectations | Meets Expectations | Improvement Needed | Unsatisfactory | Not Observed |
| Comments/Suggestions: | | | | |

Observer Comments:

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| II. FACULTY COMMENTS/RESPONSE (OPTIONAL) |
| Faculty Comments: |

Faculty signature does not necessarily indicate agreement with this evaluation and is required only to indicate that you have had an opportunity to review it and discuss the contents with your Division Director or the Dean/CEO.

The following signatures indicate that this evaluation has been reviewed:

FACULTY SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:

DIVISION DIRECTOR SIGNATURE: DATE:

DEAN/CEO SIGNATURE: DATE: