

## Classroom Observation Form

Instructor's Name: \_\_\_\_\_

Evaluate the presenter on each of the items listed below by circling the appropriate number on the scale. If unable to observe a particular area, check the box located in the far-right column.

<b>AREAS TO BE OBSERVED: The Instructor:</b>	<b>Excellent</b>	<b>Very Good</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>	<b>Not Able to Observe</b>
Clearly explains the lesson objective(s)/purpose(s).	5	4	3	2	1	<input type="checkbox"/>
Presents a well-planned and organized lesson/lecture.	5	4	3	2	1	<input type="checkbox"/>
Explains subject matter clearly.	5	4	3	2	1	<input type="checkbox"/>
Uses examples and illustrations to help students understand difficult concepts.	5	4	3	2	1	<input type="checkbox"/>
Uses class time effectively (e.g., starts and ends class on time, wastes little time, keeps class moving, etc.).	5	4	3	2	1	<input type="checkbox"/>
Encourages active learning (i.e., engages students, encourages students to participate in class discussion, etc.).	5	4	3	2	1	<input type="checkbox"/>
Impartial in dealing with students in class.	5	4	3	2	1	<input type="checkbox"/>
Speaks distinctly.	5	4	3	2	1	<input type="checkbox"/>
Self-confident in the classroom.	5	4	3	2	1	<input type="checkbox"/>
Courteous and tactful in dealing with students.	5	4	3	2	1	<input type="checkbox"/>

Strengths:

Opportunities for Improvement:

General Comments/Perceptions:

Signature of Observer \_\_\_\_\_

Date of Visit \_\_\_\_\_