

FACULTY CLASSROOM VISITATION

(Form will expand as needed for comments)

NAME _____ DATE _____ TIME _____

TITLE OF COURSE VISITED _____ COURSE NUMBER _____

CLASS TOPIC _____

Excellent 5	Above Average 4	Average 3	Below Average 2	Inadequate 1	Not Applicable N/A
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I. CONTENT PRESENTATION	5	4	3	2	1	N/A	Justify ratings of 5 and 1
1. Is well prepared.							
2. Reflects the unit objectives listed on course syllabus.							
3. Presents an overview of the material.							
4. Has command of the material.							
5. Demonstrates knowledge of relevant current theories and/or research.							

Average _____

Observations regarding content presentation:

II. CLARITY OF PRESENTATION	5	4	3	2	1	N/A	Justify ratings of 5 and 1
1. Uses examples effectively.							
2. Explains concepts clearly.							
3. Presents material in an organized way.							
4. Uses appropriate terminology.							
5. Has effective method of presentation.							
6. Seeks feedback from students regarding understanding of concepts presented.							
7. Speaks audibly, clearly, and at suitable pace.							
8. Communicates enthusiasm for the subject.							

Average _____

Observations regarding clarity of presentation:

III. STRATEGIES AND METHODS	5	4	3	2	1	N/A	Justify ratings of 5 and 1
1. Begins class on time.							
2. Makes good use of class time.							
3. Maintains a climate conducive to learning.							
4. Integrates technology in the instructional process when/as appropriate.							
5. Identifies and emphasizes key concepts.							
6. Encourages questions and other student responses.							
7. Handles students' questions satisfactorily.							
8. Asks thought-provoking questions.							
9. Summarizes content presented during the class when/as appropriate.							
10. Uses various methods of instruction e.g., case studies, role playing, group discussion, etc.							
11. Engages the entire class in the learning process.							

Average _____

Observations regarding strategies and methods:

Suggestions for making instructor more effective:

Name and Signature of Evaluator _____ Date _____