

INSTRUCTIONAL OBSERVATION FORM

Faculty Member Name: _____

Evaluator Name: _____

Course Number and Title: _____

Date/Time/Location of Evaluation: _____

I. OBSERVER COMMENTS

Content mastery is evident	Exceeds Expectations <input type="checkbox"/>	Meets Expectations <input type="checkbox"/>	Improvement Needed <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	Not Observed <input type="checkbox"/>
	Comments/Suggestions:				
Uses positive reinforcement	Exceeds Expectations <input type="checkbox"/>	Meets Expectations <input type="checkbox"/>	Improvement Needed <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	Not Observed <input type="checkbox"/>
	Comments/Suggestions:				
Learning is assessed	Exceeds Expectations <input type="checkbox"/>	Meets Expectations <input type="checkbox"/>	Improvement Needed <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	Not Observed <input type="checkbox"/>
	Comments/Suggestions:				
Planning and/or intentionality is evident	Exceeds Expectations <input type="checkbox"/>	Meets Expectations <input type="checkbox"/>	Improvement Needed <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	Not Observed <input type="checkbox"/>
	Comments/Suggestions:				
Environment is conducive to learning	Exceeds Expectations <input type="checkbox"/>	Meets Expectations <input type="checkbox"/>	Improvement Needed <input type="checkbox"/>	Unsatisfactory <input type="checkbox"/>	Not Observed <input type="checkbox"/>
	Comments/Suggestions:				

Positive comportment is demonstrated	<input type="checkbox"/> Exceeds Expectations	<input type="checkbox"/> Meets Expectations	<input type="checkbox"/> Improvement Needed	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Not Observed
	Comments/Suggestions:				

Observer Comments:

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:** _____