FACULTY OBSERVATION FORM

Evaluation of:	Semester:				
Department:	<u> </u>				
Evaluator:	Position:				
Knowledge, Skill and Ability	y as an Instructional Faculty Member	Satisfactory or Better	Needs Improvement	Unsatisfactory	Not Observed (NO) Not Applicable (NA)
	relationship conducive to learning				
Comments:					
2. Communicates ideas clearly an	nd effectively				
Comments:					
3. Stimulates students' interest and	d desire to learn				
Comments:					
4. Promotes active involvement o	f students in learning activities				
Comments:					
5. Demonstrates sensitivity in wo with different needs	rking with students from diverse backgrounds and	1			
Comments:		1			
6. Employs appropriate pedagogy	I				
Comments:					
	s at time designated on schedule of classes				
Comments:					
8. Uses class time efficiently					
Comments:					

9. Maintains an appropriate pace during class session			
Comments:			
10. Provides students with a syllabus which includes a written explanation of the			
evaluation process, expectations and requirements, assignments, course content,			
relevant dates, and other information Comments:			
11. Teaches course content that is consistent with the official course outline of record			
Comments:			
12. Uses materials pertinent to the course content			
Comments:			
13. Teaches at a level that is appropriate to the course content			
Comments:		•	
14. Has appropriate command of the subject matter to be able to respond to students'			
needs			
Comments:			
15. Assesses students' progress regularly			
Comments:			
Additional comment:			
Date(s) of Visit:	_		
Length of visit: Course (if applicable):			
Conference Date:			
Evaluator's Signature:			
Evaluatee's Signature:			

Faculty member's signature does not necessarily imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received.