

Class Observation Assessment

DIRECTIONS

1. The supervisor will review with the instructor the class observation process and expectations for the class observation.
2. The instructor should identify possible course(s), section(s), day(s), and time(s) for the class observation. The supervisor will make the final decision about which class will be observed.
3. Part 1: Background Information on this form will be completed by the instructor and forwarded to the supervisor at least 24 hours before the class observation.
4. Part 2: Assessment on this form will be completed by the supervisor and returned to the instructor no more than one week after the observation.
5. Part 3: Response on this form will be completed by the instructor and returned to the supervisor no more than one week after the instructor and supervisor meet in person to discuss Part 2.
6. The instructor and supervisor will meet in person no more than two weeks after the class observation to discuss the class session, the assessment, and the instructor's response. The instructor and supervisor will identify both areas of excellence and areas of potential improvement in the instructor's practice. The instructor and supervisor will identify specific strategies for addressing areas of potential improvement.

Instructor Name		Position Title	
Supervisor Name		Position Title	
Catalog/Section Number of Observed Class		Course Title	
Date and Start/End Times of Observation		Location	

PART 1: OBJECTIVES

At least 24 hours before the class observation, the instructor should submit a brief narrative answering the following two questions. The instructor may also choose to submit additional materials (e.g. handouts, etc.)

<p>1. What are your goals for this class session? (Attach additional pages if necessary.)</p>
<p>2. What do you have planned to accomplish those goals? (Attach additional pages if necessary.)</p>

PART 2: ASSESSMENT

(To be completed by supervisor no more than one week after the class observation.)

1. The instructor was prepared for the class session.		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> PARTIALLY
Comments: (see Narrative below)		
2. The instructor successfully interacted with students.		

<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> PARTIALLY
Comments: (see Narrative below)		
3. The instructor's stated goals for this class were achieved.		
<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> PARTIALLY
Comments: (see Narrative below)		
4. NARRATIVE (Attach additional pages if necessary.)		

PART 3: RESPONSE

(To be completed by the instructor no more than one week after meeting with the supervisor to discuss Part 2.)

5. Instructor comments after reviewing Part 2 above or after meeting with the supervisor to discuss Part 2 above. (Attach additional pages if necessary.)
Comments:



Instructor Signature

Date

Supervisor Signature

Date