

Classroom Observation Report Form

Faculty Name: _____

Observer: _____

Course/Section: _____

of Students Present: _____

Date/Time: _____

☐ Scheduled Observation ☐ Unscheduled Observation (Check One)

TYPE OF TEACHING OBSERVED (CHECK ALL THAT APPLY):	COMMENTS:
<input type="checkbox"/> Lecture	
<input type="checkbox"/> Discussion	
<input type="checkbox"/> Demonstration	
<input type="checkbox"/> Collaborative Learning	
<input type="checkbox"/> Individual Instruction	
<input type="checkbox"/> Other (Describe):	

ORGANIZATION:	COMMENTS:
<input type="checkbox"/> States the purpose of this session.	
<input type="checkbox"/> Makes explicit the relationship between current and previous sessions.	
<input type="checkbox"/> Uses class time well to progress toward learning objectives.	
<input type="checkbox"/> Concludes the session with summary, review of learning objectives, assignments.	
<input type="checkbox"/> Other (Describe):	

FACILITATION OF TEACHING/LEARNING:	COMMENTS:
<input type="checkbox"/> Uses appropriate pedagogy.	
<input type="checkbox"/> Corrects, clarifies, coaches.	
<input type="checkbox"/> Shows enthusiasm for the subject.	
<input type="checkbox"/> Assesses understanding and adjusts teaching to meet learning needs.	
<input type="checkbox"/> Uses techniques that actively engage learners.	
<input type="checkbox"/> Uses teaching materials, tools, technology appropriately.	
<input type="checkbox"/> Other (Describe):	

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MANAGEMENT OF CONTENT:	COMMENTS:
<input type="checkbox"/> Shows mastery of subject matter.	
<input type="checkbox"/> Conveys high, but realistic learning expectations.	
<input type="checkbox"/> Gives clear expectations, with examples to clarify difficult ideas.	
<input type="checkbox"/> Other (Describe):	

PRESENTATION/TEACHING STYLE:	COMMENTS:
<input type="checkbox"/> Speaks clearly, with appropriate volume and speed. -	
<input type="checkbox"/> Makes eye contact with students throughout the room.	
<input type="checkbox"/> Uses gestures and body movements effectively.	
<input type="checkbox"/> Varies teaching styles and methods. Primary teaching style used: _____	
<input type="checkbox"/> Demonstrates professional appearance and behavior.	
<input type="checkbox"/> Other (Describe):	

Other Comments:

Strengths:

Areas for Improvement:

Specific Recommendations to Improve Teaching Effectiveness:

Observer: _____
Print Name
Signature
Date

Faculty: _____
Print Name
Signature
Date

**Signature does not signify agreement with the comments of the observer, but only that the faculty understands the comments.*