

APPENDIX D-1(a)
CLASSROOM OBSERVATION FORM

Faculty Member's Name: _____

University: _____ Dept.: _____

Date of Observation: _____ Tenured: ☐ Non-Tenured: ☐

Course Title: _____ Number: _____ Section: _____

Date of pre-observation conference and discussion: _____

For each item, respond by marking the space under the appropriate category of the key.

After the post observation meeting with the unit member, mark your response in INK.

KEY

SA – Strongly Agree

A – Agree

N – Neither Agree nor Disagree

D – Disagree

SD – Strongly Disagree

NA – Not Applicable

	SA	A	N	D	SD	NA
1. The instructor seemed to be concerned with whether the students learned the material.						
2. The instructor encouraged students to express opinions.						
3. The instructor appeared receptive to new ideas and others' viewpoints.						
4. The students had an opportunity to ask questions.						
5. The instructor generally stimulated class discussion.						
6. The instructor attempted to cover too much material.						
7. The instructor appeared to relate the course concepts in a systematic manner.						
8. The class was well organized.						

ADDITIONAL REMARKS (OPTIONAL)

Date of post-observation conference and discussion: _____

Name of Evaluator

Signature

Date

This is to certify that I have read this document.

Name of Faculty Member

Signature

Date