Classroom Observation

Observer Name:	
Course:	
Instructor:	
Date & Time:	
Faculty-Specific	
Keep (what did you observe that was effective?)	
Start (what could have been done in the classroom that wasn't?)	
Stop (what could have been removed or should not have been done?)	
Student Observation (were students attentive, responsive, engaged?)	

(Additional notes on the back of this page)