|  |
| --- |
| Instructor:  |
| Date:  |
| Course: |
| First time teaching this course? Yes ☐ No ☐ |
| Observer:  |
| Number of Students Present for Lesson:  |

**Assessment & Recommendation**

Was the class ☐ Satisfactory or ☐ Unsatisfactory?

Based on your observation, would you recommend that this instructor be assigned this course again? Please refer to the Guidelines for Recommending Observees on the Observation Materials website.)

|  |  |
| --- | --- |
| **Recommend** | ☐ |
| **Do Not Recommend** | ☐ |

*Please add brief comments explaining your assessment and recommendation:*

***Please evaluate the instructor according to the following criteria on the next two pages. Use the comments section to provide a rationale of your assessment in the grid. You should have a paragraph-length explanation beneath each category, OR provide an equivalent narrative at the end.***

**Syllabus**

Did the syllabus contain the following required information?

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **Contact Information** | ☐ | ☐ |
| **Office hours** | ☐ | ☐ |
| **Course description** | ☐ | ☐ |
| **Learning Goals** | ☐ | ☐ |
| **Class meeting schedule** | ☐ | ☐ |
| **Description of major assignments with due dates** | ☐ | ☐ |
| **Course requirements** | ☐ | ☐ |
| **Grading Breakdown** | ☐ | ☐ |
| **Appropriate policies (e.g. plagiarism, late papers, participation)** | ☐ | ☐ |

*Please add brief comments on the accuracy and efficacy of the syllabus:*

**Class Session**

Evaluate how the instructor used the class time by assessing the following:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **Mostly** | **Somewhat** | **No** |
| **Instructor set clear and relevant goals that are consistent with course goals** | ☐ | ☐ | ☐ | ☐ |
| **Instructor introduced subject matter appropriate to the level of the course** | ☐ | ☐ | ☐ | ☐ |
| **Instructor used pedagogical strategies well suited for lesson goals and students** | ☐ | ☐ | ☐ | ☐ |
| **Instructor used class time effectively to meet indicated lesson goals** | ☐ | ☐ | ☐ | ☐ |
| **Instructor’s facilitation produced moments of discovery or insight in students** | ☐ | ☐ | ☐ | ☐ |

*Please* *state the learning goals outlined for this class below and briefly describe how the instructor used class time to work towards them:*

**Instructor-Student Interaction and Student Engagement**

Evaluate the following characteristics of the instructor’s interactions with students and of students’ level of engagement:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **Mostly** | **Somewhat** | **No** |
| **Instructor encouraged student participation (e.g. solicited and responded thoughtfully to students’ comments, assigned activities)** | ☐ | ☐ | ☐ | ☐ |
| **Instructor communicated effectively with students (e.g. clear directions and prompts were given whether written or orally)** | ☐ | ☐ | ☐ | ☐ |
| **Instructor fostered an inclusive, respectful class atmosphere (e.g. engagement with material and students was evenhanded)** | ☐ | ☐ | ☐ | ☐ |
| **Students were actively engaged (e.g. taking notes, participating in discussion, listening actively)** | ☐ | ☐ | ☐ | ☐ |

*Please briefly comment on the instructor’s interaction with students and the level of student engagement:*

**Further Comments**

*Please use this space below to comment on aspects of the class design or lesson facilitation that were especially effective or innovative and/or aspects that the instructor might review and revise for future class sessions. Please attach additional pages if necessary.*

**Observer Signature:**

**Post-Observation Meeting**

Date of post-observation meeting:

*Briefly comment on what was discussed in the post-observation meeting:*

**Instructor Signature:**

I understand that my signature means only that I have read this memorandum and that I may attach any comments I wish.