

**STATUS OF EMPLOYMENT: EVALUATION**

**INSTRUCTION OBSERVATION FORM**

A date and time for the instruction observation is to be established by the instructor and Associate Dean of Instruction (ADI).

Part I will be completed by the instructor and returned to the ADI before the observation.

Part II will be completed by the ADI and a copy returned to the instructor after the observation, prior to or at the evaluation conference.

Instructor \_\_\_\_\_ Division \_\_\_\_\_

Date of observation \_\_\_\_\_ Time \_\_\_\_\_

Class and section \_\_\_\_\_ Room \_\_\_\_\_

**Part I: Lesson Description**

1. Describe your objectives briefly.
2. Describe the method of instruction you plan to use.
3. How will the students be expected to participate?
4. Comments:

**Part II: Lesson Review**

1. Were the objectives achieved? [ ] Yes [ ] No [ ] Probably  
Comments: \_\_\_\_\_  
\_\_\_\_\_
2. Was the method of instruction appropriate and effective? [ ] Yes [ ] No [ ] Probably  
Comments: \_\_\_\_\_  
\_\_\_\_\_
3. Did the instructor appear well prepared? [ ] Yes [ ] No [ ] Probably  
Comments: \_\_\_\_\_  
\_\_\_\_\_
4. Did the instructor establish an appropriate rapport with the students?

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Yes  No  Probably

Comments: \_\_\_\_\_

\_\_\_\_\_

5. Did the learners participate as expected?  Yes  No  Probably

Comments: \_\_\_\_\_

\_\_\_\_\_

6. Were support materials (A-V, etc.) used appropriately and effectively (if planned)?

Yes  No  Probably

Comments: \_\_\_\_\_

\_\_\_\_\_

ADI's general comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ADI's Signature \_\_\_\_\_ Date \_\_\_\_\_