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?
STATUS OF EMPLOYMENT: EVALUATION

[ ] 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____________________