

**FACULTY CLASS ROOM OBSERVATION REPORT**

Year\_\_\_\_\_

Tenured

Untenured

Department\_\_\_\_\_

Course/Section\_\_\_\_\_

Name of observee\_\_\_\_\_

Rank\_\_\_\_\_

Last Name, First Name

Name of observer\_\_\_\_\_

Rank\_\_\_\_\_

Date of Observation\_\_\_\_\_ Room\_\_\_\_\_

Lesson Topic & Brief Summary\_\_\_\_\_

**Please complete each item. This report will be returned unless each category contains supporting comments. Use additional pages if necessary.**

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1. CLASSROOM MANAGEMENT (prompt start, efficient attendance check):  
 Satisfactory  Unsatisfactory

2. PROFESSIONAL TRAITS (professional appearance and demeanor, clarity, volume, and pace of speech; establishment of rapport with students)  
 Satisfactory  Unsatisfactory

3. SUBJECT MASTERY (accuracy of presented material, use of appropriate terminology, competence in use of equipment)  
( )Excellent ( )Very Good ( )Satisfactory ( )Unsatisfactory
4. ORGANIZATION AND DEVELOPMENT OF MATERIAL (clear statement of objectives, logical sequence, budgeting of time, review, summary, and outside assignments as appropriate)  
( )Excellent ( )Very Good ( )Satisfactory ( )Unsatisfactory
5. PRESENTATION OF MATERIAL (level and clarity of presentation, appropriate use of learning aids)  
( )Excellent ( )Very Good ( )Satisfactory ( )Unsatisfactory
6. STUDENT-INSTRUCTOR INTERACTION (relevance, variety, and clarity of questions, appropriate recognition of student contributions)  
( )Excellent ( )Very Good ( )Satisfactory ( )Unsatisfactory

7. OVERALL EVALUATION (categories 1 through 6)

- ( )Excellent
- ( )Very Good
- ( )Satisfactory
- ( )Unsatisfactory

8. SPECIFIC RECOMMENDATIONS FOR IMPROVEMENT (use additional pages if necessary)

**I have read and have been given a copy of the above report, and so signify by my signature below. I understand that I may attach additional comments to this document.**

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Signature of observee

date

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Signature of observer

date

1/04