

**NEW YORK CITY COLLEGE OF TECHNOLOGY
OF THE CITY UNIVERSITY OF NEW YORK**

POST OBSERVATION CONFERENCE MEMORANDUM

Date of Discussion_____

Observation date_____

Candidate's Name_____

Department _____

Representatives Present _____

Course & Section_____ _____
Name of Observer

Name of Observee_____

Date Observation Filed _____ with Chairperson_____

P&B member or other assigned by chairperson

(Attach additional pages if necessary.)

Signed_____ Title

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

Staff Member's Signature_____

FACULTY CLASS ROOM OBSERVATION REPORT

Year _____

() Untenured
() Tenured

Department _____

Course/Section _____

Name of observee _____
Last Name, First Name Rank _____

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.



- 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.

Signature of observee

date

Signature of observer

date

