

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

FACULTY CLASS ROOM OBSERVATION REPORT Year _____

Untenured

Tenured

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.



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