

## Report of Classroom Observation

Instructor (name and title)	
Course number, title and section	
Observer (name and title)	
Number of students present	
Date and place of observation	
Subject matter	
Class format (studio, lecture, etc.)	

**EXPERT** implies *extraordinary proficiency* in an art or branch of knowledge; the instructor displays remarkable knowledge, considerable experience, and mastery of technical skill.

**PROFICIENT** implies *being well advanced* in an art or branch of knowledge; the instructor displays exceptional knowledge, experience, and/or technical skill.

**SATISFACTORY** implies *competency* in an art or branch of knowledge; the instructor displays competency, versatile knowledge, experience and/or technical skill; demonstrates a need for improvement in some areas.

	EXPERT	PROFICIENT	SATISFACTORY	N.A.
Knowledge of subject discipline(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fit of classroom activities with course content	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization of presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clarity of explanation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Integration of material with assigned texts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Effectiveness of teaching methodology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Student participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of students being challenged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence of student learning (during observation or otherwise)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Observer Signature & Date

Instructor Signature & Date

*Instructor: Please respond to your colleague's observations above with any evidence that demonstrates continued efforts to improve in the areas listed above and/or in teaching in general. If this is not your first peer observation, please describe any effort made toward improvement following previous evaluations.*

*Instructor should provide a copy to the department chair and maintain a copy for themselves.*

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### Comments

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