

ADJUNCT CLASSROOM INSTRUCTIONAL OBSERVATION

INSTRUCTOR:

DIVISION: AH

CLASSROOM #:

EVALUATOR:

DATE OF EVALUATION:

TIME:

COURSE NAME:

SECTION:

TYPE OF PRESENTATION: (Check one or more)☐ Lecture ☐ Videotape ☐ Laboratory ☐ Discussion ☐ Demonstration ☐ Clinic ☐ Other (Identify) _____**PRE-OBSERVATION COMMENTS** (If applicable):

INSTRUCTIONAL TECHNIQUES (Please circle appropriate item. All items, regardless of rating, require supportive comments.)**A. ORGANIZATION AND DEVELOPMENT:**

1. Exceeds expectations

2. Meets expectations

3. Does not meet expectations

Supportive Comments:**B. KNOWLEDGE OF SUBJECT MATTER:**

1. Exceeds expectations

2. Meets expectations

3. Does not meet expectations

Supportive Comments:**C. PRESENTATION OF SUBJECT MATTER:**

1. Exceeds expectations

2. Meets expectations

3. Does not meet expectations

Supportive Comments:**D. STUDENT INVOLVEMENT:**

1. Exceeds expectations

2. Meets expectations

3. Does not meet expectations

Supportive Comments:**E. COMMENTS ON THE TECHNIQUES OF THE PRESENTATION:****F. ADDITIONAL COMMENTS:**

OVERALL QUALITIES (Please circle appropriate item. All items, regardless of rating, require supportive comments.)

A. ENTHUSIASM FOR SUBJECT MATTER PRESENTED:

1. Exceeds expectations 2. Meets expectations 3. Does not meet expectations

Supportive Comments:

B. RAPPORT WITH STUDENTS:

1. Exceeds expectations 2. Meets expectations 3. Does not meet expectations

Supportive Comments:

C. CLASS MANAGEMENT:

1. Exceeds expectations 2. Meets expectations 3. Does not meet expectations

Supportive Comments:

D. ORAL PRESENTATION:

1. Exceeds expectations 2. Meets expectations 3. Does not meet expectations

Supportive Comments:

E. ADDITIONAL COMMENTS:

SIGNATURE OF OBSERVER _____ DATE _____

INSTRUCTOR'S SIGNATURE _____

DATE OF CONFERENCE _____ PLACE OF CONFERENCE _____

[] I concur [] I do not concur; my comments are attached

SIGNATURE OF Department Head _____ DATE _____

SIGNATURE OF DEAN _____ DATE _____