

Broward Community College Teaching Faculty Evaluation Classroom Visitation Form

This form is to be filled out during or following each classroom visitation. Your observation notes should be specific and represent the criteria listed on this form. Use comments that will promote constructive feedback and foster improved instruction. The Colleague observer will return the completed form to the faculty member. **The** Associate Dean observer will retain the original form and give the faculty member a copy.

Faculty Member Observed: _____

Room: _____ Time: _____ Date: _____

Length of Observation: _____

Type of class, i.e., lab, lecture, etc.: _____

This form lists examples of behaviors descriptive of each criteria. **These behaviors are intended to serve only as guidelines as you observe the faculty member.**

Space is provided for you to write comments/notes regarding your observation.

CRITERIA: PREPARATION FOR CLASS

(Is prepared for class; provides overview of what is planned for class period; class presentation consistent with topical objectives, etc.)

CRITERIA: ORGANIZATION/CLARITY

(Presents material in a clear and organized manner, emphasizes what is important; summarizes major points; provides appropriate examples and application; etc.)

CRITERIA: ENTHUSIASM/STIMULATION

(Stimulates students' interest; seems to enjoy teaching; is dynamic and energetic; presents material to entire class; etc.)

CRITERIA: COMMUNICATION SKILLS/PRESENTATION

(Speaks distinctly with sufficient volume and appropriate speed; does not read excessively from notes; uses teaching method(s) effectively; uses vocabulary appropriate to subject matter; gives students reinforcement for positive contributions, observations or performance; is receptive to questions and comments; quickly grasps what students are asking or telling; answers questions carefully and precisely; questions students to determine their understanding; maintains control of the class, etc.)

CRITERIA: RAPPORT WITH STUDENTS

(Maintains eye contact; has students' attention; interacts with students; creates atmosphere conducive to learning; indicates availability for giving individual help; etc.)

OTHER COMMENTS/OBSERVATIONS:

SUMMARY OF OBSERVATION AND SUGGESTIONS, IF ANY:

FACULTY MEMBER'S COMMENTS(Optional):

Signature of Faculty Member

Date

Your signature does not necessarily indicate agreement with this evaluation and is required only to indicate that you have had an opportunity to review it and discuss the contents with the observer or supervisor.

Signature of Observer

Date

Post-visitation Conference Date _____

Associate Deans Comments: Filed with Associate Dean and Faculty
Colleague Comments: Filed with Faculty