

Instructor's Name:

Evaluator:

Observation Date & Time:

Course:

### General Evaluation Form

**Evaluator Instructions:** During your observation (minimum duration of 45-60 minutes), please address as many of the following teaching behaviors as possible. If a particular behavior is not addressed during your observation time, circle "N/O" (not observed). If the instructor performs above average for any behavior, circle "excellent." Performs well, but is not above average, circle "good." Does not show the appropriate characteristics of a behavior or performs poorly, circle "N/I" (needs improvement). A follow-up meeting with the instructor should be no later than one week from observation date.

**Circle One: *First OR second* evaluation**

#### Professionalism

|   |           |      |     |     |
|---|-----------|------|-----|-----|
| •Starts promptly and is prepared            | Excellent | Good | N/I | N/O |
| •Lab is neat and materials are ready        | Excellent | Good | N/I | N/O |
| •Appears concerned about students' learning | Excellent | Good | N/I | N/O |

**General Comments:**

#### Teaching Skills & Aptitude

|   |           |      |     |     |
|---|-----------|------|-----|-----|
| •Clear introduction (gains attention, interest)   | Excellent | Good | N/I | N/O |
| •Transitions between and within activities/assignments are clear  | Excellent | Good | N/I | N/O |
| •Maintains student interest and involvement   | Excellent | Good | N/I | N/O |
| •Answers student questions professionally and concisely   | Excellent | Good | N/I | N/O |
| •Voice is clear, pleasant and audible. Are there any problems? (Circle all that apply.) None, too soft, too loud, too fast, too slow, mumbles, excessive use of poor grammar, too many filler words ("um," "ah"), sexist/racist comments or questionable humor. | Excellent | Good | N/I | N/O |
| •Writes clearly   | Excellent | Good | N/I | N/O |
| •Understands background material  | Excellent | Good | N/I | N/O |
| •Is able to flex when there are difficulties (computer technology, instruments, equipment, etc.)  | Excellent | Good | N/I | N/O |
| •Clear Summation (regrouping and summarizing of key points)   | Excellent | Good | N/I | N/O |

**General Comments:**

Instructor's Name:

Evaluator:

Observation Date & Time:

Course:

| Attitude & Classroom Management  |           |      |     |     |
|--|-----------|------|-----|-----|
| •Is enthusiastic   | Excellent | Good | N/I | N/O |
| •Adequately enforces safety regulations and lab policies   | Excellent | Good | N/I | N/O |
| •Takes appropriate actions against negative student behavior   | Excellent | Good | N/I | N/O |
| •Treats students fairly  | Excellent | Good | N/I | N/O |
| •Provides positive reinforcement for student effort  | Excellent | Good | N/I | N/O |
| •Movement around the classroom is balanced. Are there any problems? (Circle all that apply.) None, spends too much time with only one group/student, exhibits an odd pattern of circulating around the room when talking, e.g., only circles around one or two tables, paces uncomfortably while talking | Excellent | Good | N/I | N/O |
| <b>General Comments:</b>   |           |      |     |     |

Instructor's Name:

Evaluator:

Observation Date & Time:

Course:

***Instructions:*** You were observed during lab recently and you will need to: (1) answer the following questions, (2) schedule a meeting with your evaluator.

**To be filled out by the lab instructor prior to meeting with evaluator:**

- I. Rate yourself:
  - a. Based on the criteria used for the evaluation, what are some of your teaching strengths?
  - b. What are some areas that you think you need to improve?
  - c. What is your plan for improvement?

Instructor's Name:

Evaluator:

Observation Date & Time:

Course:

**II. To be filled out during follow-up meeting with evaluator:**

Plan of Action (how to address issues)-