**CLASSROOM VISITATION FORM**

**Instructor’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Class/Format**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Time:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| 1. **Teacher-student interaction**
 | 1. Needs Improvement | 2. Meets Expectations | 3. Exceeds Expectations |
| Encourages student discussion and/or questions |  |  |  |
| Explains answers in detail |  |  |  |
| Knows student’s names |  |  |  |
| Treats students fairly |  |  |  |
| Engages students in the learning process |  |  |  |
| Provides a supportive learning environment |  |  |  |
| Asks questions in class |  |  |  |
| Other |  |  |  |
| 1. **Classroom presentation**
 | 1. Needs Improvement | 2. Meets Expectations | 3. Exceeds Expectations |
| Delivers content at a pace that can be followed |  |  |  |
| Emphasizes important points |  |  |  |
| Speaks in a clear, distinct manner |  |  |  |
| Presents material in an enthusiastic manner |  |  |  |
| Uses terms and phrases that are understood by the students(doesn’t talk above their heads) |  |  |  |
| Incorporates real life experiences/situations into the class |  |  |  |
| Other |  |  |  |
| 1. **Evidence of pre-planning and organization**
 | 1. Needs Improvement | 2. Meets Expectations | 3. Exceeds Expectations |
| Begins class with review of previous work |  |  |  |
| Prepared for class |  |  |  |
| Begins and ends class on time |  |  |  |
| Stresses important points and concepts |  |  |  |
| Maintains order in classroom |  |  |  |
| Informs class of changes and reminds them of assignments |  |  |  |
| Other |  |  |  |
| 1. **Incorporates supplemental instructional equipment and materials into lecture**
 | 1. Needs Improvement | 2. Meets Expectations | 3. Exceeds Expectations |
| chalk/white board/overhead |  |  |  |
| PowerPoint |  |  |  |
| videos |  |  |  |
| handouts |  |  |  |
| Internet |  |  |  |
| eCompanion Shell |  |  |  |
| Hands-on Activites |  |  |  |
| Other |  |  |  |

**Evaluators Overall Summary**:

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Instructional Representative Instructor (My signature indicates I have received & read this evaluation. It does not necessarily indicate I agree.)

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Date of Signature Date of Signature