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			
2. 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			
3. 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			
4. 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.)

_____ _____

Date of Signature

Date of Signature