EVALUATION PRE-OBSERVATION MEETING

Name of Faculty Member: ____________________________________________________

Name of Evaluator: _______________________________________________________

The Evaluator provided a blank copy of the appropriate form that will be used during the Observation.  ____ Yes

1. Type and subject of activity or topic to be observed?

2. What tools or techniques does the faculty member intend to use during the activity or topic being observed?

3. What will the evaluator be looking for during this observational period?

The Faculty member has provided relevant documentation to the Evaluator, such as the course syllabus, outline, assignment sheet, and/or work objectives to determine that the activity observed is appropriate to the environment.  ____ Yes

Faculty Member Name ___________________________ Signature ____________________ Date ____________

Evaluator Name ___________________________ Signature ____________________ Date ____________