Name of Faculty Member: __________________________________________________________

Date of Planned Observation: ______________________________________________________

Department & Discipline/Area: ______________________________________________________

Faculty Member’s Status (circle): Tenure Review  Full-Time Permanent  Full-Time Temporary  Part-time

Name of Evaluator: ________________________________________________________________

___ YES  The evaluator provided to the faculty member a blank copy of the appropriate forms that will be used during the observation.

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?

___ YES  The faculty member has provided relevant documentation to the evaluator, such as the course syllabus, lecture outline, assignment sheet, and/or work objectives to determine that the activity observed is appropriate to the environment.

Faculty Member Name __________________________ Signature __________________________ Date ________________

Evaluator Name __________________________ Signature __________________________ Date ________________