

IMPERIAL VALLEY COLLEGE  
CLASSROOM OBSERVATION FORM

Faculty Member: \_\_\_\_\_ Semester: \_\_\_\_\_

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

Date of Observation: \_\_\_\_\_ Evaluator: \_\_\_\_\_

**Directions:** Throughout this form, comments are required and should detail specific observations. Leave areas blank and make a note when no basis for evaluation has been provided during the classroom observation.

**Course Number and Name:** \_\_\_\_\_

**Topic of Observed Session:** \_\_\_\_\_

**Instructional Techniques Used** (check all that apply):

- lecture
- group activity
- other
- discussion
- laboratory
- audiovisual
- individual student assistance

**Comments:** \_\_\_\_\_

**Directions:** For each of the following sections, circle the appropriate numerical score using the following scale:

- |   |                                   |   |                            |
|---|-----------------------------------|---|----------------------------|
| 5 | Exceptional, Exceeds Expectations | 2 | Competent                  |
| 4 | Very Effective                    | 1 | Marginal or Unsatisfactory |
| 3 | Above Average                     | 0 | Not Applicable             |

**1. Organization and Preparation for Teaching:**

**A. Goals** (Clearly Stated or Written; relevant to larger goals; connected to other planned activities)

- |                                  |   |   |
|----------------------------------|---|---|
| No apparent goal for the session | 0 | 1 |
| Some recognizable goals detected | 2 | 3 |
| Clearly defined goals            | 4 | 5 |

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. Organization of Lesson** (Organized progression from each activity to the next)

No evidence of prior preparation	0	1
Evidence of some preparation	2	3
Creative planning	4	5

Comments:

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**C. Classroom Management** (Use of classroom time, punctuality, control of classroom)

Faculty member struggles to gain control of the class	0	1
Activities and order require effort by instructor	2	3
Class activities begin on time in an orderly matter	4	5

Comments:

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**D. Organization of Written Materials** (Written documentation and materials support instruction)

*Faculty Member must provide to the Evaluator a course syllabus, a sample assignment, and a sample examination for the class being observed.*

Unclear, confusing, critical information missing	0	1
Discernible organization, informative	2	3
Extremely well organized, very informative	4	5

Comments:

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**2. Teaching Effectiveness:**

**A. Subject Matter Expertise** (Faculty member's demonstrated knowledge of the material being presented)

Appears to be unprepared in the subject being covered	0	1
Demonstrates an adequate understanding of the subject	2	3
Demonstrates a broad mastery (knowledge) of the field	4	5

Comments:

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**B. Teaching Skills and Strategies** (Displays creative and appropriate techniques and strategies for conveying the material)

Techniques detract from accomplishing the class objectives	0	1
Techniques adequately support the class objectives	2	3
Techniques are creative and effective in meeting class objectives	4	5

Comments:

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**C. Presentation and Delivery** (Awareness of demeanor, vocabulary, and articulation)

Lacks enthusiasm, relies too heavily upon notes, inappropriate language	0	1
Generally clear and understandable, good vocabulary and voice	2	3
Clear, enthusiastic, well poised and direct, suitable vocabulary and voice	4	5

Comments:

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**3. Student Relationships:**

**A. Student Attention and Engagement** (Evidence of active engagement and participation by students)

Little to no student engagement evident	0	1
Some student engagement and participation	2	3
Meaningful and active student engagement	4	5

Comments:

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**B. Learning Environment** (Creates an environment conducive to Learning)

Apparent negative attitude toward students, uncomfortable environment	0	1
Is helpful to students when called upon, neutral environment	2	3
Seeks ways to be of assistance to students, positive environment	4	5

Comments:

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**Overall Evaluation Results** (section must be completed and should include positive statements as well as any areas for improvement):

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_____ Faculty Member Name	_____ Signature	_____ Date
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_____ Evaluator Name	_____ Signature	_____ Date
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_____ Supervising Administrator Name	_____ Signature	_____ Date
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_____ VP for Academic Services Name	_____ Signature	_____ Date
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