EVALUATION OF TEMP FACULTY UNIT 3 EMPLOYEES FOR SCHOOL OF EDUCATION

FORM C: CLASSROOM OBSERVATION FOR INSTRUCTOR

For Full or Part-time Instructional Faculty (including those who Supervise)

(To be completed by content area faculty/program coordinator)

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| Temporary Faculty Member:  |  |
| Content AreaFaculty/Program Coordinator:  |  |
| Course Observed:(prefix, number, and title) |  |
| Date of Observation: |  |

# Observation notes on subject matter coverage, organization, pedagogy, and instructional delivery:

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*Box will expand*

# Overall Assessment (areas of strength, suggestions for improvement):

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*Box will expand*

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| *Signature of Evaluator* |  | *Date* |