

# Classroom Visitation Observation Form

**INSTRUCTOR NAME:**

**DATE:**

**TIME:**

**COURSE NUMBER:**

**COURSE TITLE:**

**EVALUATOR NAME:**

**NOTE:** In accordance with the CSU/CFA Collective Bargaining Agreement, Article 15.14: “When classroom visits are utilized as part of the evaluation of a faculty unit employee under this Article, the individual faculty unit employee being evaluated shall be provided a notice of at least five (5) days that a classroom visit, online observation, and/or review of online content is to take place. There shall be consultation between the faculty member being evaluated and the individual who visits their class(es) regarding the classes to be visited and the scheduling of such visits.”

**INSTRUCTIONS:** Please answer the questions below using the evaluation criteria to summarize the class observation.

<b>Outstanding</b>	<b>Commendable</b>	<b>Satisfactory</b>	<b>Needs Improvement</b>	<b>Unsatisfactory</b>
<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>

Observation	Rating	Comments
1. Clear course objectives.		
2. Time Management (punctual, etc.)		
3. Classroom Management (Command)		
4. Organization and preparation (Lecture, syllabus, etc.)		
5. Communication skills (clarity, projections, accuracy)		
6. Knowledge of subject.		
7. Pedagogy (examples, hands-on, other techniques)		
8. Use of Board, Media, Technology.		
9. Ability to engage students/rapport (interactive, solicits, and clearly answers questions)		
10. Instructor’s enthusiasm/demeanor.		
11. OVERALL ASSESSMENT.		

Additional Comments (Strengths, Opportunities for Improvement, Recommendations, Summary):

**EVALUATOR NAME:**

**SIGNATURE:**

**DATE:**

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I certify that this report has been discussed with me. I understand that my signature does not indicate agreement.

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**INSTRUCTOR NAME:**

**SIGNATURE:**

**DATE:**