NORTH IDAHO COLLEGE
CLASSROOM OBSERVATION

Instructor

Course ___________________________  Date/Time ___________________________

Teaching Situation Observed:
- Lecture
- Discussion
- Demonstration
- Collaborative Learning
- Individual Instruction
- Other (describe) ___________________________

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Good  Satisfactory  Needs Improvement  N/A

ORGANIZATION:
Begins by briefly summarizing where the previous session left off.

Identifies the day’s major objectives at the beginning of class.

Organizes the presentation so that the relationship between points or activities is clear.

Uses class time well, allotting more time to more important aims and avoiding unnecessary digressions.

Wraps up the session and discusses objectives and/or assignment for next time.

DELIVERY:
Speaks distinctly, with sufficient volume and appropriate speed.
Used lecture notes sparingly if at all and makes eye contact with students throughout the room.

Moves around the room and uses gestures and body movement effectively.

Used board/overhead projector/handouts/other audio-visual aids effectively.

**CLASSROOM CLIMATE:**
Encourages a positive class atmosphere reflecting mutual respect.

Shows enthusiasm for the material and makes students want to learn.

Encourages and is responsive to student participation.

Notices and praises student skill mastery or concept comprehension.

**CONTENT:**
Shows mastery of the subject matter or skill being presented.

Conveys expectations that are reasonable & challenging.

Gives clear explanations using appropriate vocabulary and examples.
Encourages independent critical or reflective thinking.

**Awareness & Flexibility:**
Communicates effectively to the level of the students involved.

Asks questions or uses other strategies to check frequently for student understanding.

Shows appropriate flexibility in shifting teaching strategies if students don’t show the expected comprehension or mastery.

**Other Considerations/Comments:**

Specific recommendations to further improve this instructor’s teaching:

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Observer’s Signature: ____________________________ Date: ____________
Instructor’s Signature: ____________________________ Date: ____________

(Instructor’s signature does not necessarily indicate agreement with evaluation.)