C&I FACULTY INSTRUCTIONAL FEEDBACK FORM

**INSTRUCTOR’S NAME:**       August 17, 2018

**AREAS TO BE OBSERVED**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]   | Clearly explains the lesson objective purpose | [ ]  | Lesson is well-planned and organized |
| [ ]   | Explains subject matter clearly | [ ]  | Adequately prepares for class |
| [ ]   | Uses appropriate examples and illustrations | [ ]  | Uses classroom time to promote learning |
| [ ]   | Enthusiastic about the subject matter | [ ]  | Starts and dismisses class on time |
| [ ]   | Stimulates interest in the subject matter | [ ]  | Impartial in dealing with students in class |
| [ ]   | Speaks distinctly | [ ]  | Allows expression of diverse viewpoints |
| [ ]  | Keeps the attention of students | [ ]  | Shows a personal interest in helping students |

**STRENGTHS:**

**NEEDS IMPROVEMENT**

**CONTENT**

The content of this course is similar to a comparable course in the C&I Department. Yes [ ]  No [ ]

If no, please explain:

It appears the instructor is oriented and prepared to teach. Yes [ ]  No [ ]

If no, please explain:

It **does not** appear that this instructor is experiencing any problems with this course. Yes [ ]  No [ ]

If no, please explain:

**OVERALL COMMENTS:**

Observer’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Visit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_