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