CLASSROOM VISITATION APPRAISAL

Name: 

Semester: 
Course and Time: 

Location: 

Rating Scale 1 to 5, (0) Not applicable, and Yes/No

Please mark/circle the number of item which corresponds to your evaluation of the faculty member.

<table>
<thead>
<tr>
<th>OUTSTANDING</th>
<th>EXCELLENT</th>
<th>GOOD</th>
<th>IMPROVEMENT</th>
<th>UNSATISFACTORY</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>4</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

1. How well was the class presentation planned and organized? 
   5  4  3  2  1  0

2. Were important ideas clearly explained? 
   5  4  3  2  1  0

3. How would you judge the professor’s mastery of the course content? 
   5  4  3  2  1  0

4. Was class time well used? 
   5  4  3  2  1  0

5. Did the professor encourage critical thinking and analysis? 
   5  4  3  2  1  0

6. Do you believe the professor encouraged relevant student involvement in the class? 
   5  4  3  2  1  0

7. How did the professor react to student viewpoints differing from his or her own? 
   5  4  3  2  1  0

8. How would you describe the attitude of students in the class toward the professor? 
   5  4  3  2  1  0

9. Do you believe that your visitation was at a time when you were able to judge fairly the nature and tenor of the teaching-learning process? 
   Yes  No

10. Considering the previous items, how would you rate this teacher? 
    5  4  3  2  1  0

11. Did the syllabus clarify the objectives of the course? 
    Yes  No
12. Did teacher provide preliminary information before the visitation?  Yes ______ No ______

13. Did you have a follow-up conference? Date________________

Appraiser’s Comments:

A few specific observations I made:

Some items you might wish to consider:

Appraiser’s Signature______________________________ Date____________________

Instructor’s Comments: _______________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Instructor’s Signature______________________________ Date____________________