Classroom Observation Form

Course No./Section:  
Course Title:  
Instructor:  
Semester/Year:  
Date/Time:  

General Observations:

Strengths:

Areas for Improvement:

In your evaluation, please pay special attention to the following criteria:
1. Knowledge of course content  
2. Clarity of the presentation or activity  
3. Organization of the instructional period  
4. Enthusiasm in the presentation or activity  
5. Appropriate professional demeanor  
6. Openness to questions and discussion  
7. Overall rating of the Instructor

Length of Observation:  
Observer’s Signature: