

# DEPARTMENT OF COMMUNICATION STUDIES

## Classroom Teaching Evaluation Form

Faculty member reviewed:

Faculty reviewer:

Date of pre-class observation meeting:

Date of observation:

Date of post-class observation meeting:

Name of course:

### GENERAL DESCRIPTION OF CLASS:

"Before beginning, use the File pull-down menu and the 'Save As' function to save this file to your own computer."

### 1. HOW INSTRUCTOR ENCOURAGES AND FACILITATES STUDENT-FACULTY COMMUNICATION IN AND OUTSIDE THE CLASSROOM:

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### 2. HOW INSTRUCTOR ENCOURAGES AND FACILITATES COLLABORATION AND COOPERATION AMONG STUDENTS:

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### 3. HOW INSTRUCTOR ENCOURAGES AND FACILITATES ACTIVE LEARNING:

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### 4. EVIDENCE THAT INSTRUCTOR PROVIDES PROMPT AND PERTINENT FEEDBACK ON STUDENT PERFORMANCE:

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### 5. HOW INSTRUCTOR EMPHASIZES AND MONITORS STUDENT TIME ON TASK:

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6. HOW INSTRUCTOR COMMUNICATES HIGH EXPECTATIONS FOR STUDENT PREPARATION AND PERFORMANCE:

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7. EVIDENCE THAT INSTRUCTOR RESPECTS DIVERSE TALENTS AND WAYS OF LEARNING:

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8. EVIDENCE THAT INSTRUCTOR IS WELL ORGANIZED AND PRESENTS MATERIAL CLEARLY, ACCURATELY AND IN AN INTERESTING MANNER:

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9. HOW INSTRUCTOR EMPLOYS SUPPLEMENTAL INSTRUCTIONAL MATERIAL AND TECHNOLOGY:

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10. OVERALL ASSESSMENT, INCLUDING RECOMMENDATIONS:

FACULTY MEMBER'S SIGNATURE

REVIEWER'S SIGNATURE

Date:

Date: