**Lewis-Clark State College**

**Movement & Sport Sciences Division**

***Faculty Classroom Observation Form***

***Faculty Name and Rank:***

***Evaluator Name and Rank:***

***Date of Teaching Activity:***

***Type of Teaching Activity:***

***Time Spent Observing Faculty:***

***Course Name/Number:***

**PRESENTATION OF MATERIAL**

|  | Criteria | Complies | Does Not Comply\* | Cannot Assess\* | Comments |
| --- | --- | --- | --- | --- | --- |
| 1 | Presented material in an understandable, well-organized manner. |  |  |  |  |
| 2 | Clearly communicated directions for assignments. |  |  |  |  |
| 3 | Assignments were related to the course objectives. |  |  |  |  |
| 4 | Encouraged students to ask questions. |  |  |  |  |
| 5 | Created learning environment in which students felt comfortable. |  |  |  |  |
| 6 | Interacted with students in a respectful manner. |  |  |  |  |
| 7 | Showed enthusiasm in teaching the subject. |  |  |  |  |
| 8 | Encouraged students to think critically about course content. |  |  |  |  |
| 9 | Made subject matter more meaningful through use of examples and application exercises. |  |  |  |  |
| 10 | Instructor spoke distinctly and with sufficient volume or provided appropriate student information in the blackboard course. |  |  |  |  |
| 11 | Knowledgeable, current material is presented. |  |  |  |  |

**STUDENT PARTICIPATION**

|  | Criteria | Complies | Does Not Comply\* | Cannot Assess\* | Comments |
| --- | --- | --- | --- | --- | --- |
| 1 | Students seemed interested in subject presented. |  |  |  |  |
| 2 | Students demonstrated critical thinking regarding application exercises. |  |  |  |  |
| 3 | Students were able to connect the application exercise to overall course objectives and information. |  |  |  |  |

*\*If this column marked, evaluator must make comment.*

**SUMMARY**

Strengths:

Areas for Improvement:

General Comments:

Signature of Faculty Evaluated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty comments (if any):

Document design credit: Division of Nursing and Health Sciences

**Lewis-Clark State College**

**Movement & Sport Sciences Division**

***Peer Reviewer Comment Form***

***Faculty Name and Rank:***

***Evaluator Name and Rank:***

***Date:***

***Teaching Summary (2+1):***

***Advising Summary (2+1):***

***Scholarship Summary (2+1):***

***Service Summary (2+1):***

***Collegiality Summary (2+1):***

Document design credit: Division of Nursing and Health Sciences