

**CLASSROOM VISITATION CHECKLIST
COLLEGE OF SOCIAL SCIENCES**

Name of Instructor: _____

Department: _____

Course: (prefix and number) _____ Title: _____

Date Instructor Notified of Classroom Visitation: _____

Date of Classroom Visitation: _____

Style of Instruction: Lecture _____ Seminar _____ Lecture/Discussion _____

Instructor Effectiveness:

(Circle the appropriate number, with 1 being the lowest and 5 the highest)

Clarity of Presentation 1 2 3 4 5

Effectiveness of Examples 1 2 3 4 5

Degree of Organization 1 2 3 4 5

Responsiveness to Students 1 2 3 4 5

Importance of Content 1 2 3 4 5

Overall Evaluation:

Should this instructor be encouraged to continue in the faculty role? _____

Suggestions for Improvement: _____

Signature of Evaluator(s)