

CLASSROOM VISITATION CHECKLIST
COLLEGE OF SOCIAL SCIENCES

Name of Instructor:

Department:

Course (prefix and number):

Course Title:

Date Instructor Was Notified of Classroom Visitation:

Date of Classroom Visitation:

Style of Instruction: Lecture Seminar Lecture/Discussion

Instructor Effectiveness (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? Yes No

Suggestions for Improvement:

Signature of Evaluator(s)