

Form DCE-E3

**DIVISION OF CONTINUING EDUCATION
CLASSROOM OBSERVATION**

Instructor's Name:
Evaluator's Name and Title:
Course Name and #:
College Campus:
Room:
Date:
Time:

Part One: *Assessment of instructor's teaching effectiveness* with regard to content mastery, content organization, methodology of delivery, relevancy of material to course being taught, and use of technology and other teaching aids if applicable.

Part Two: *Assessment of instructor's teaching effectiveness with regard to the ability to provide clear feedback to student questions and the ability to motivate and stimulate student thought and discussion in the classroom.*

Classroom Observation Overall Teaching Effectiveness:

Instructor Comments (if any):

Faculty Signature:
Date:

Evaluator Signature:
Date: