

**Form DE-1**

**DISTANCE EDUCATION COURSE/INSTRUCTIONAL MATERIALS  
CHECKLIST FOR COURSE MATERIALS**

Faculty Member: \_\_\_\_\_

Year and Semester: \_\_\_\_\_

Course Title and Section: \_\_\_\_\_

- \_\_\_ 1. Instructor's Name
- \_\_\_ 2. Course Title/Number
- \_\_\_ 3. General course description (according to College catalogue)
- \_\_\_ 4. All required texts, paperbacks, software, software capacity, specific handout including information on publisher, edition, version etc.
- \_\_\_ 5. Course topics and/or assignments and/or required and/or supplemental reading
- \_\_\_ 6. Teaching procedures (briefly describe)
- \_\_\_ 7. Instructional objectives (list)
- \_\_\_ 8. Basis for student grading
- \_\_\_ 9. Procedure (criteria) for evaluating student performance
- \_\_\_ 10. Tentative test schedule/assignment(s) schedule
- \_\_\_ 11. Interaction Plan

If any of the above are missing or if the evaluator has concerns, the unit member will be notified and given an opportunity to submit the missing materials and respond within fourteen (14) calendar days.

Evaluator's Signature/Date: \_\_\_\_\_

**Form DE-2**

**Distance Education Course  
Interaction Plan**

This form is to be completed by the faculty of record. Students enrolled in this distance education course shall receive a copy of this completed form.

Course Title: \_\_\_\_\_ Faculty: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Office Hours: \_\_\_\_\_  
(if any)

Mailing and/or Email  
Address: \_\_\_\_\_  
\_\_\_\_\_

Asynchronous Course

Synchronous Course

**Asynchronous:** This form of distance education is characterized by an emphasis on “learning on demand” or “as needed communication” between students and faculty from multiple locations at times convenient to participants.

**Synchronous:** This form of distance education entails the use of live, two-way communication among and/or between students and faculty in a scheduled or “fixed” point(s) of time(s), much like classroom-based instruction.

**This course may include, but not be restricted to, the following interactions:**

- |  | <b>YES</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|
| 1. in person meetings                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. telephone interactions                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. electronic interactions (email, internet ...) | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, dates, times, places are to be specified.

**Students are required to engage in the following interaction(s) for successful completion of this course:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**Form DE-3 Page 2**

	<b>5</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>N/A</b>
13. To what degree were students encouraged and given the opportunity to interact with the instructor?	___	___	___	___	___	___
14. To what degree did the instructor return assignments and tests in a timely fashion?	___	___	___	___	___	___
15. How fair was the instructor's method of evaluation of student performance?	___	___	___	___	___	___
16. How closely did the instructor's method of evaluating student performance conform with the course syllabus?	___	___	___	___	___	___
17. To what extent did the instructor assist you with the course materials when help was requested?	___	___	___	___	___	___
18. To what extent was the instructor available at scheduled times?	___	___	___	___	___	___
19. How effective overall were the course materials?	___	___	___	___	___	___
20. How well did the technology perform?	___	___	___	___	___	___
21. How well prepared were you at the beginning of this class for the technology used in this course?	___	___	___	___	___	___
22. How comfortable are you now with the technology used in this course?	___	___	___	___	___	___
23. To what degree do you think the technology used in this course was effective in achieving the course objectives?	___	___	___	___	___	___

Would you take a distance education course from this instructor again?

Circle:                      Yes                      No

Comments (print legibly):

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Sign: \_\_\_\_\_

Date: \_\_\_\_\_

Distance Education  
Evaluation of Instructor

**Form DE-4**

**MASSACHUSETTS COMMUNITY COLLEGE SYSTEM  
PROCESS FOR DISTANCE EDUCATION/INSTRUCTIONAL OBSERVATION  
FOR ASYNCHRONOUS COURSES ONLY**

**Instructor:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Campus:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Class to be observed:**

Course:

Date:

Time:

Room:

Pre-Conference:

Date/Time:

Post-Conference:

Date/Time:

**Describe the method of observation for addressing each of the questions below:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Initials of Observer: \_\_\_\_\_

Initials of Instructor: \_\_\_\_\_

1. Relationship of class content to instructional objectives of course:
2. Appropriateness of instructor's teaching methods to attainment of the stated instructional objectives:
3. Effectiveness of the instructor's teaching methods:
4. Instructor's ability to develop and maintain appropriate student interest:
5. Instructor's ability to organize and present course content and materials:
6. Instructor's ability to respond to student questions:

**Form DE-4**  
**Page 2**

Evaluator's summary of instructional performance:

Faculty member's comments (if any):

**I have read and received a copy of this  
evaluation:**

\_\_\_\_\_  
**Evaluator**

\_\_\_\_\_  
**Faculty Member**

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If this faculty member wishes to respond to this evaluation, he/she must do so within seven (7) days.**