

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:	Pre-Conference:
Date:	Date/Time:
Time:	Post-Conference:
Room:	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:

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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.