

Department of Theatre and Dance  
Teaching Observation Record

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

Course: \_\_\_\_\_

Reviewer: \_\_\_\_\_

**PREFACE TO OBSERVER:**

Notations in the boxes on the classroom visitation forms attached represent only a part of this observation. No observation will be complete unless you also provide thoughtful, complete written comments on the faculty member's performance in the spaces provided.

You should certainly comment about areas that need improvement and you should also recognize the strengths and the special qualities of the faculty member in your written comments.

Please make sure your observation is concluded and signed by yourself and the faculty member under review.

Course Content	Satisfactory or Better	Needs Improvement	Unsatisfactory	Not Observed	Not Applicable
A) The course content is up to date and appropriate.					
B) The course content is taught in an approach that is acceptable to the discipline.					
C) The presentation and materials furnished were pertinent to the course description.					
D) The class is taught at an appropriate level.					

Comment on the course content and the subject knowledge of the faculty member.

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# Department of Theatre and Dance Teaching Observation Record

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

Course: \_\_\_\_\_

Reviewer: \_\_\_\_\_

Course Presentation	Satisfactory or Better	Needs Improvement	Unsatisfactory	Not Observed	Not Applicable
A) Establishes a student-instructor relationship: conducive to learning.					
B) Communicates ideas clearly, concisely, and effectively.					
C) Demonstrates sensitivity to the learning difficulties of the student.					
D) Stimulates students' interest in the field and their desires to learn.					
E) Tests students' progress in valid and appropriate ways.					
F) Uses class time effectively.					

Comment on the course presentation of the faculty member.

Reviewer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Name: \_\_\_\_\_

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

Course: \_\_\_\_\_

Reviewer: \_\_\_\_\_

I have had an opportunity to read this Observation Report. \_\_\_\_\_

Faculty Member comments, if any:

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Name: \_\_\_\_\_

The signature of the Faculty Member shall not necessarily indicate agreement with the opinions expressed, but only that they have had the opportunity to read this report.

I have had an opportunity to read this observation report and I do not concur.

Check One:	<input type="checkbox"/>	I have attached a rebuttal.
	<input type="checkbox"/>	I will forward a rebuttal within one week.

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Faculty Name: \_\_\_\_\_