

Form C: Classroom Observation

NORTHWEST ARKANSAS COMMUNITY COLLEGE

**CLASSROOM OBSERVATION BY PEER OR SUPERVISOR
(MANDATORY FOR FIRST SEMESTER OF EMPLOYMENT)**

Instructor: _____ Peer or Supervisor _____ Date _____

Please record your comments on various aspects of instructional effectiveness which you observed during your classroom visit:

Subject knowledge:

Communication:

Rapport with students:

Management:

Teaching methods:

Student response:

Time on task/level of attention:

Amount of participation:

Pace of class:

Kinetic observation (body, voice, face):

Additional comments or observations:

Instructor's Comments:

This report has been reviewed and discussed with me.

Instructor's Signature (Date)

Peer or Supervisor's Signature (Date)

Revised March 29, 2012

Approved: April 27, 2012