

Department of Kinesiology  
Report of Instructional Observation

Faculty Observed:	Date:	Course Number/Name:		
Scheduled start:	Actual start time:	Scheduled end:	Actual end time:	
Number of students:	Location:			

**Brief (2-3 sentences) description of content and activities for the instructional period observed:**

**Instructor Professionalism**

Poorly Organized	1	2	3	4	5	6	7	Well Organized
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**Comments:**

To use class time inefficiently	1	2	3	4	5	6	7	To use class time efficiently
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**Comments:**

**Pedagogy**

Lacks attention to current knowledge in field	1	2	3	4	5	6	7	Clearly reflects current knowledge
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**Comments:**

Did not provide for clear relationships between student current knowledge & selected content of class	1	2	3	4	5	6	7	Established clear relationship between student current knowledge and selected content of class
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**Comments:**

Did not demonstrate varied and effective strategies	1	2	3	4	5	6	7	Demonstrated varied and effective strategies
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**Comments:**

Content did not clearly relate to course outcomes	1	2	3	4	5	6	7	Content clearly related to course outcomes
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**Comments:**

No sample of Specific and clear feedback that encourages student performance	1	2	3	4	5	6	7	Samples of specific and clear feedback that encourages student performance
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**Comments:**

### Equity and Inclusion

Did not engage with multiple students, encourage student engagement and dialogue with peers and faculty, or use any UDL strategies	1	2	3	4	5	6	7	Engaged with numerous students, encouraged student engagement with and dialogue with peers and faculty, and demonstrated UDL strategies
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**Comments:**

### Connection to University Strategic Plan

Did not observe use of appropriate technology for activity	1	2	3	4	5	6	7	Observed that use of appropriate technology for learning activity learning
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**Comments:**

Evidence of student centered learning activity not apparent	1	2	3	4	5	6	7	Evidence of student centered learning activity apparent
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**Comments:**

**Overall Impression of Instructor's Presentation**

Unclear	1	2	3	4	5	6	7	Clear
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**Comments:**

**Based on my observations of this instructor on this particular day, I judge the instructor's teaching to be (circle one of the following FPPP adjectives):**

Does Not Meet Expectations	Meets Expectations	Exceeds Expectations
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I have read the classroom visitation observation and understand that it will be placed in my Personnel Action File (PFAF) in the dean's office, and I have received a copy.

Faculty Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Evaluator's signature \_\_\_\_\_ Date \_\_\_\_\_

Follow Up Discussion Date/Time \_\_\_\_\_