

**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.

General Appearance of Instructor

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:

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:

Demonstration of Creativity and Innovation

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

Outcome Assessment

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:

Strategic Plan

Did not observe use of appropriate technology for learning activity	1	2	3	4	5	6	7	Observed that use of appropriate technology for learning activity
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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 following 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 _____

Return this completed form to Yolo 243

For office use: DISTRIBUTION
Original – Instructor file Y243
Copy 1 – Instructor

Form Revised:

2/14/22