

Classroom Observation Summary

Report of Classroom Visit

Faculty Member Observed _____ Date of Visit _____

Observer _____ Observer's Title/Role _____

Course Title _____ Course # _____

Summary of Observation (Use additional sheet if needed.):

Faculty Response:

Signature of Academic Supervisor or Designee

Date

* Signature of Faculty Member

Date

* The faculty member's signature acknowledges that she or he has reviewed the Classroom Observation Summary Form and all documentation. The faculty member's signature does not indicate agreement or disagreement with the results of the evaluation.