

# GRADUATE TEACHING ASSISTANT CLASS OBSERVATION FORM

Teaching Assistant: \_\_\_\_\_ Student ID: \_\_\_\_\_  
 Class Taught: \_\_\_\_\_ Recitation Primary Instructor  
 Faculty Observer: \_\_\_\_\_ Date Observed: \_\_\_\_\_  
 Term: Fall Spring Summer Year: \_\_\_\_\_  
 # students on time: \_\_\_\_\_ # students late: \_\_\_\_\_ # enrolled: \_\_\_\_\_

I. Lesson Plan:  
 Briefly list topic(s) covered and the form of presentation (e.g., lecture, group work, etc.).

II. Checklist: Please evaluate each quality. Mark NA if it is not applicable or if you do not have enough information to evaluate.

speaking:	clear	___	___	___	___	not clear	<input type="checkbox"/> NA
	too loud	___	___	___	___	too soft	<input type="checkbox"/> NA
eye contact:	excellent	___	___	___	___	needs improvement	<input type="checkbox"/> NA
board work:	excellent	___	___	___	___	needs improvement	<input type="checkbox"/> NA
explanations:	clear	___	___	___	___	not clear	<input type="checkbox"/> NA
interaction							
with class:	excellent	___	___	___	___	needs improvement	<input type="checkbox"/> NA
organization:	excellent	___	___	___	___	needs improvement	<input type="checkbox"/> NA
Content							
knowledge:	excellent	___	___	___	___	needs improvement	<input type="checkbox"/> NA
content level:	too difficult	___	___	___	___	too basic	<input type="checkbox"/> NA

Overall, was the lecture (if any) beneficial in helping students learn this material?  
 yes \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ no NA

For the activity or group work component (if there was one) please evaluate each quality:

moves around the room: enough \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ not enough NA

time spent on activity: too much \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ too little NA

Overall, was the activity beneficial in helping students learn this material?  
 yes \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ no NA

# GRADUATE TEACHING ASSISTANT CLASS OBSERVATION FORM

## III. Evaluation of instructor

Please provide detailed specific feedback about the TA and their class.

### A. Overall strengths of this instructor:

### B. Suggestions for Instructor:

## IV. Additional Comments:

## V. **TAs comments/response.**

The TA should use the following space to offer any general comments regarding the observation, or of agreement or disagreement, and continue in an attachment if needed.

## VI. Signatures

Observer \_\_\_\_\_ Date \_\_\_\_\_

TA \_\_\_\_\_ Date \_\_\_\_\_

*Please return form to ...* Katherine Paullin, POT 729 or her mailbox in POT 715.