

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

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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.