

# COLLEGE OF THE CANYONS

## Classroom Visitation Report

<b>T</b>	
<b>NT</b>	
<b>Instructor</b>	
<b>Visitation Date</b>	

Course Number and Title \_\_\_\_\_ ☐ Lecture   ☐ Lab   ☐ Activity

### Instructional Techniques Being Used

(lecture, discussion, audio/visual, laboratory, group activity, other)

Name of Evaluator \_\_\_\_\_

**Directions:** Circle the appropriate number for each item evaluated. Comments should detail specific items in support of your numerical assignment. If item is not applicable or you have no basis for judgment, circle N/A. May also include assessment of class materials and assessment instruments.

	1	2	3	4	5	N/A
A. Knowledge of Subject matter						

5 - Instructor demonstrates a broad knowledge of field

3 - Instructor demonstrates an adequate understanding of the subject

1 - Instructor does not appear to have an adequate background

Comments:

B. Clear Lesson Objectives	1	2	3	4	5	N/A
----------------------------	---	---	---	---	---	-----

## 5 - Clearly defined objective/thorough preparation

3 - Some objectives not detected/evidence of some preparation

1 - No objectives for lesson evident/no evidence of prior preparation

Comments:

C. Clear Written and Oral Communications	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

5 - Clear, enthusiastic, well-poised and direct; excellent vocabulary

3 – Generally clear and understandable, good vocabulary and voice

1 – Inaudible or illegible, lacks enthusiasm

Comments:

D. Variety of Teaching Methods	1	2	3	4	5	N/A
--------------------------------	---	---	---	---	---	-----

5 - Uses a variety of teaching methods

3 – Uses primarily one method (lecture, etc.)

1 – Appears to be reading (rehashing) textbook

Comments:

E. Organization of Presentation and Activities	1	2	3	4	5	N/A
--	---	---	---	---	---	-----

5 – Clearly organized and easy-to-follow patterns

3 – Discernible organizational pattern

1 – Apparent lack of organization

Comments:

F. Good Time Management

1      2      3      4      5      N/A

5 – Time is managed well

3 – Some parts of lesson go beyond time allocated or necessary

1 – No apparent awareness of time and poor use of time

Comments:

G. Use of Appropriate Assessment Methods

1      2      3      4      5      N/A

(Suggestion: Request, if appropriate, a quiz or test before the classroom visitation.)

5 – Methods of assessment are appropriate

3 – Some methods do not seem to correspond with objectives

1 – No correlation between assessment and objectives

Comments:

---

**Evaluation of Additional Criteria:**

Please include comments, if appropriate, concerning respect for students, respect for colleagues, professional growth, and department/college responsibilities. Attach additional pages if needed.

Signature of Evaluator

---

Signature of Evaluatee

---

**Note:** Evaluatee's signature does not necessarily imply agreement. It is merely an acknowledgment that the complete report has been read. Evaluatee may submit a written reaction within ten working days of receipt of this evaluation report. The written statement will be filed with this classroom visitation report.