CHEMISTRY DEPARTMENT:

CLASS VISITATION REPORT

Course Title: __________________________ Course No.: __________________________

Semester/Year: __________________________ Meeting Times: __________________________

Name of instructor: __________________________

A. Accuracy of content

Technical Terminology (appropriate use of)

Nomenclature (correct/current use of)

Use of symbols and structures (accuracy, clarity, conforms to conventions)

Other

B. Level of content

Quantitation (course appropriate handling of)

Other

C. Clarity of delivery

Use of media (competence with chosen format)

Legibility/Visibility

Voice (projection/pacing)

Other

D. Overall Effectiveness

Class interaction

Other

E. Miscellaneous

Date of Visit: __________________________ Time of Visit: __________________________

Name of Visitor: __________________________ Signature: __________________________

I have read this visitation report.

Instructor’s Signature: __________________________ Date: __________________________