CLASSROOM VISITATION RECORD

Class visited:______________________________________________________________
Instructor:__________________________________________________________________
Date of visit:_______________________________________________________________
Signature of visitor:________________________________________________________

Please rate the following statements on a scale of 1 to 5.

5 – VERY GOOD
4 – GOOD
3 – FAIR
2 – POOR
1 – VERY POOR

Please write n/a on any statement that does not apply.

1. Organization of lesson.  Score:_________
   Comments_________________________________________________________________

2. Knowledge of course material.  Score:_______
   Comments_________________________________________________________________

3. Clarity of presentation.  Score:_______
   Comments_________________________________________________________________

4. Motivation of students.  Score:_______
   Comments_________________________________________________________________

5. Student participation.  Score:_______
   Comments_________________________________________________________________

6. Student rapport.  Score:_______
   Comments_________________________________________________________________

7. Degree of helpfulness to students.  Score:_______
   Comments_________________________________________________________________

Additional comments:_________________________________________________________________