

COMPUTER & INFORMATION SCIENCES DEPARTMENT:

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:
