CCIHS Instructor Observation Form

The faculty liaison will complete one class observation prior to the end of the CCIHS instructor’s course. Please utilize technology to overcome physical distance.

CCIHS Instructor: ___________________________  Course: ___________________________

High School: ___________________________  Semester/Year: ___________________________

UWGB Liaison: ___________________________  Date: ___________________________

1. Does the syllabus for this course section meet the standards and expectations for on-campus sections of this course? (Syllabi can be found at https://www.uwgb.edu/ccihs/participating-schools/)

2. Are course assignments rigorous and meet the learning objectives of the course?

3. Do the student evaluation methods/procedures meet on campus expectations for this course?

4. What are the strengths of the instructor in designing and teaching the course to meet learning objectives?

5. Any suggestions for ways the instructor could build on his/her instruction?

6. Was today’s class session well planned and organized? What was covered? Did the instructor intellectually challenge students? If so, how?

7. Did the instructor demonstrate effective and appropriate teaching strategies? Examples?
8. Did the instructor exhibit appropriate command of the course material? Comments?

9. Did the instructor provide appropriate feedback to classroom questions or responses? Comments?

10. Any other comments?

11. I recommend this instructor continue to teach this course through the CCIHS program.
   o Yes, continue
   o Yes, continue with adjustments
   o No

Liaison Signature ________________________________

Please review this observation with the CCIHS instructor. An email from the instructor with comments and/or agreement of observation is sufficient in lieu of a signature. Please email completed form to williamc@uwgb.edu.

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<th>For CCIHS instructor</th>
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<td>Comments (optional):</td>
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Instructor signature: