CCIHS Instructor Observation Form

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 http://www.uwgb.edu/ccihs/courses-and-high-school-listings/courses-offered/)

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?

7. Did the instructor intellectually challenge students? If so, how?
8. Did the instructor demonstrate effective and appropriate teaching strategies? Examples?

9. Did the instructor exhibit appropriate command of the course material? Comments?

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

11. Any other comments?

12. 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 __________________________________________

If possible, review this observation with the CCIHS instructor before leaving, and have him/her sign the form. If the CCIHS instructor’s schedule does not permit this, please offer a brief overview of your comments to the instructor before leaving and return the form to CL 206 or williamc@uwgb.edu. I will then follow up with the instructor for comments and a signature.

For CCIHS instructor

Comments (optional):

Instructor signature: