

# Lecture Teaching Observation Form

Faculty's Name: \_\_\_\_\_

Date of Observation: \_\_\_\_\_

Session title/topic: \_\_\_\_\_

5 = strongly agree, 3 = neither agree nor disagree, 1 = strongly disagree

Introduction	
Introduced topic, stated objectives and offered preview.	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Gained attention and motivated learning.	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Established climate for learning and expectations for participation.	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Notes:	

Body of Lecture	
Presented 3 – 5 main points in clear and organized fashion.	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Provided supporting materials, examples and summaries.	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Targeted content to appropriate level for learners.	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Effectively used visuals, handouts and/or demonstrations.	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Varied methods of presentation (e.g., boards, slides, etc.).	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Provided clear transitions between topics.	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Notes:	

Conclusion	
Summarized major principles and key points without introducing new material.	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Provided closure or stimulated further thought.	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Notes:	

Teacher Dynamics	
Exhibited enthusiasm and stimulated interest in content.	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Used appropriate voice, gestures, movement and eye contact. Avoided unconscious use of repeated words.	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Encouraged active participation.	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Stimulated thought and discussion (e.g., using effective questioning techniques).	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Responded to learners' questions clearly and concisely.	<input type="checkbox"/> 5 <input type="checkbox"/> 4 <input type="checkbox"/> 3 <input type="checkbox"/> 2 <input type="checkbox"/> 1
Notes:	

**Overall Evaluation**

Exemplary      Excellent      Good      Fair      Poor

**Additional Comments** *(required if no notes in sections above):*

\_\_\_\_\_  
**Evaluator's Name**

\_\_\_\_\_  
**Rank**

\_\_\_\_\_  
**Evaluator Signature**