Classroom Observation Form

Instructor Name: _____________________________ Class: _____________________

Topic of Discussion or Nature of Activity:

Delivery Style (E.G. Lecture/Discussion, Demonstration, Student Activities):

Classroom Climate (E.G. Instructor/Student Interaction, Responses, Learning Environment):

Knowledge of Subject Matter:

Comments and Observations:

Observer:  ____________________________________     Date:  _____________________
Title:                ____________________________________  Supervisor _____ or  Peer ______