**Classroom Observation Evaluation**

**IUP Department of Music**

Instructor: Date:

Course # and Name Semester/Year:

**Briefly describe the content of the class observed:**

Please indicate your rating by placing a check at the appropriate point along the scale. After each question you may make comments. Give examples where possible.

If unable to assess, check the single space after each question.

1. Does the instructor demonstrate a knowledge of the subject matter?

Comments: \_\_\_\_ \_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_

N/A No Yes

1. Does the instructor appear to be interested in teaching?

Comments: \_\_\_\_ \_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_

N/A No Yes

1. Are the instructor’s teaching methods appropriate and effective?

Comments: \_\_\_\_ \_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_

N/A No Yes

1. Does the syllabus clearly communicate tests, grading, long-term projects, etc?

Comments: \_\_\_\_ \_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_

N/A No Yes

1. Are the use of textbooks, technology, and other teaching materials helpful?

Comments: \_\_\_\_ \_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_

N/A No Yes

1. Does the instructor use class time efficiently?

Comments: \_\_\_\_ \_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_

N/A No Yes

1. Is the instructor punctual in beginning and ending class?

Comments: \_\_\_\_ \_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_

N/A No Yes

1. Is the instructor fair and considerate with the student as an individual?

Comments: \_\_\_\_ \_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_

N/A No Yes

1. Is the classroom atmosphere conducive to questions and to the free exchange of ideas?

Comments: \_\_\_\_ \_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_

N/A No Yes

1. Does the instructor stimulate thinking and generate interest in the subject?

Comments: \_\_\_\_ \_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_

N/A No Yes

1. What is your overall evaluation of the instructor?

Comments: \_\_\_\_ \_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_.\_\_\_\_

Poor Outstanding

Additional Comments:

Print Observer’s Name:

Observer’s Signature: Date of Observation

Instructor’s Signature: Date of Conference