FACULTY EVALUATION: INSTRUCTIONAL SPECIALIST/FSC FACILITATOR

# OBSERVATION

Evaluatee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Status\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Identify the activity observed:  One-on-one session  Training session  Professional Meeting  Workshop

Describe briefly what happened during your observation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1. **EVALUATION**: Check the appropriate response for each activity you observed during this evaluation observation***.*** If you think you are not qualified to judge an item, explain in the comments section. | YES | NO | NOT  OBSVD |
| a. Does the IS demonstrate knowledge of effective teaching practices? |  |  |  |
| b. Does the activity demonstrate preparation and organization? |  |  |  |
| c. Is communication clear? |  |  |  |
| d. Does the IS demonstrate sensitivity to students of varying abilities, ethnic, and cultural backgrounds? |  |  |  |
| e. Does the IS demonstrate knowledge of related curriculum, coursework, or assignments |  |  |  |
| f. Does the IS make appropriate referrals to on and off-campus resources and programs and/or Center activities? |  |  |  |
| g. Does the IS make effective use of available time? |  |  |  |
| h. Does the IS respect the student’s needs and challenges? |  |  |  |
| i. Does the IS encourage participation? |  |  |  |
| j. Does the IS check for understanding throughout the activity(ies)? |  |  |  |
| k. Does the IS create an engaging learning environment? |  |  |  |
| l. Does the IS present information in a logical sequence? |  |  |  |
| m. Are the materials used during the session effective? |  |  |  |
| Comments: | | | |

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| 1. **PROFESSIONAL RESPONSIBILITIES**: Use the self-evaluation, as applicable, to support the completion of this section. | YES | NO | NOT  OBSVD |
| a. Does the IS maintain subject matter competency? |  |  |  |
| b. Does the IS participate in college, district, school, or area committees and meetings as well as functions (if applicable)? |  |  |  |
| c. Is the IS involved in activitiessuch as program and curriculum development, student and faculty orientation and mentoring, program review, accreditation, professional and staff development, institutional and unit planning, and district promotional activities (if applicable)? |  |  |  |
| d. Does the IS participate in educational enrichment activities (if applicable)? |  |  |  |
| e. Does the IS maintain effective working relationships with staff and students? |  |  |  |
| f. Does the IS engage the student learning outcomes process for improvement? |  |  |  |
| Comments: | | | |

Evaluator\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Observation\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature

Evaluatee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Signature

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| --- | --- |
| Check your position on this evaluation activity | |
|  | Faculty Peer |
|  | CIO Designee |
|  | FLM Designee |
|  | FLM |