

CONNECTICUT REGIONAL COMMUNITY COLLEGES
STANDARD EVALUATION FORM
CLASSROOM VISITATION

Evaluee _____ Position _____ College NCCC
Year at College (1st, 2nd, etc.) ____
Type of Evaluation (check one)

- Required employer evaluation
- Optional peer evaluation
with peer selection by mutual agreement between president
or his designee and evaluee
- Optional peer evaluation by peer of evaluee's own
choosing for sole purpose of self-improvement

Evaluator _____ Position _____ Date of Evaluation _____

Course Visited _____ Time Evaluation Began: _____ Concluded: _____
Approximate Number of Students ____ Class Location: _____

DIRECTIONS FOR COMPLETING THIS FORM:

1. Circle the most appropriate number on the rating scale, using the following scale interpretations:

- 1 - Inferior
- 2 - Below Average
- 3 - Average
- 4 - Above Average
- 5 - Superior

2. Specific comments should explain the numerical rating.

3. Additional comments should address elements of class visitation not covered by questions "a" through "e".

a. Was presentation organized and coherent? 1 2 3 4 5

Specific Comments:

b. Did presentation accommodate various levels of student development?

1 2 3 4 5

Specific Comments

c. Was the instructor sensitive to student responses? 1 2 3 4 5

Specific Comments:

d. Did the general class atmosphere reflect mutual respect and regard?
1 2 3 4 5

Specific Comments:

e. Did the general class atmosphere reflect educational stimulation?
1 2 3 4 5

Specific Comments:

Signature of Evaluator