

Date of Observation: _____ (mm/dd/yyyy)

Name of part-time faculty observed: _____

Course Designator and Section Number: _____

Name of observer: _____

FINAL EVALUATION REPORT BASED ON:

Check all that apply and attach to this form.

OBSERVATION REPORT

STUDENT EVALUATIONS

COURSE MATERIALS, SYLLABI

RECOMMENDATIONS/COMMENDATIONS:

Overall Rating:

Satisfactory

Unsatisfactory

Signature of Instructor: _____ Date: _____

Signatur