**Department of Crop and Soil Science, Oregon State University**

**Classroom Teaching Evaluation Form**

**P&T visible**

Instructor name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Class number/name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Class topic\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Instructions:**

Rank the instructor’s performance on the following items (**0 = poor to 4= outstanding; N/A if the item does not apply**). Provide additional comments and suggestion as appropriate. Share the completed form with the instructor and talk about observations if warranted. Sign and send original to the Department Head and a copy to the instructor.

*Formative Evaluation*

# Instructor Preparation Ability

1. The classroom was prepared appropriately. N/A 0 1 2 3 4
2. The teacher started on time. N/A 0 1 2 3 4
3. The teacher appeared prepared for class. N/A 0 1 2 3 4

**Comments/suggestions:**

# Relating the subject Ability

1. The teacher provided a learning objective for today’s class. N/A 0 1 2 3 4
2. Information was current and relevant. N/A 0 1 2 3 4

**Comments/suggestions:**

## Delivering the information Ability

1. Information was presented in a logical manner. N/A 0 1 2 3 4
2. The teacher used language appropriate for the student’s level. N/A 0 1 2 3 4
3. The teacher used appropriate pacing for different portions of the presentation. N/A 0 1 2 3 4
4. Teaching aids (note types used) were useful and relevant. N/A 0 1 2 3 4
5. Classroom presence and mannerisms. N/A 0 1 2 3 4

**Comments/suggestions:**

# Relating to the students Ability

1. The teacher listened to class members. N/A 0 1 2 3 4
2. The teacher checked for student understanding throughout the class N/A 0 1 2 3 4
3. Questions from class members were answered effectively. N/A 0 1 2 3 4
4. The teacher encouraged students to think of solutions to problems. N/A 0 1 2 3 4
5. Options provided for dealing with questions not answered in class. N/A 0 1 2 3 4

**Comments/suggestions:**

*Summative Evaluation*

# Overall teaching ability Ability

Overall rating of teacher’s performance? N/A 0 1 2 3 4

**Comments:**

Name and reviewer signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_