

### CLASS INSTRUCTION FEEDBACK FORM

Instructor Name \_\_\_\_\_

Class: \_\_\_\_\_

Observer Name \_\_\_\_\_

Date: \_\_\_\_\_

*Rating Scale: Excellent (E), Very Good (VG), Good (G), Below Average (B), Poor (P), Not Applicable (NA)*

Criterion	Rating	Comments
Overall evidence of preparation		
Instructor confidence level		
Control of class		
Rapport with class		
Enthusiasm		
Class climate		
Overall instructional activities		
Match between objectives and activities		
Variety of activities		
Appropriateness of activities		
Student involvement		
Overall communication skills		
Speaking clarity		
Eye contact with students		
Non-verbal behavior		
Use of board and/or AV aids		
Asking questions		
Mix of questions		
Listening to student responses		
Responding to student questions		
Mix of teacher talk and student talk		

Criterion	Rating	Comments
Quality of handouts and/or AV aids		
Overall structure/organization of instruction		
Attempts to link new material with previous knowledge		
Use of examples		
Overall organization of class		
Opening		
Review		
Clarity of instructional objectives		
Conclusion		