

BOSTON REED COLLEGE®
Class Observation Form

Class Location					
Instructor					
Date of observation					
Instructor on time?	Yes	No	Comment		
Class begins on time?	Yes	No	Comment		
Did the instructor appear professional?	Yes	No	Comment		
Introduction shows relevance to learners.					
Instructor outlined intended outcomes for the day?	Yes	No	If yes, how?		
Were the intended outcomes clear?	Yes	No	Explain		
Did the instructor assess that all learners understood objectives before beginning lesson?	Yes	No	If yes, how?		
Various learning activities engage various learning styles					
List the methods used to present material – do they represent different learning styles		Overhead transparencies/Powerpoint presentation			
		Flipchart/whiteboard/chalkboard			
		Video/Audio			
		Lecture			
		Labs/Hands-on practice			
		Games			
		Learner participation, i.e. working in groups, individual or group presentation, individual working out problem on board, etc.			
		Other (list)			
Rate the Instructor	Very Good	Good	Fair	Poor	Give reason for rating:
<i>Use of Voice</i>					
<i>Energy</i>					
<i>Use of gesture</i>					
<i>Attitude</i>					
Did the instructor relate to students as adult learners?	Yes	No	Comment		

Teacher checks for comprehension			
Did the instructor assess that all learners understood a lesson before moving on to the next topic?	Yes	No	If yes, give an example
Instructor answered questions by...			Rewording question
			Offering another example
			Referring learner to material/source of information
			Deferring to another learner
			Offering an analogy
			Direct answer
			Other (explain)
			No questions were asked
Learners apply learning / Learners' engagement in learning activities			
Were learners positively engaged in learning activities?	Yes	No	If yes, evidence / Comment
Does the instructor have control of the class?	Yes	No	Comment
Closure activities summarize & reinforce			
Did instructor re-cap the objectives met during the session?	Yes	No	If yes, how?
Additional comments or suggestions:			
Supply Cabinet Condition:			
Auditor Name:		Signature:	
Points or suggestions to be shared with the instructor as a result of this audit (note: you should share the positive points you took note of as well as the areas in which improvement is suggested):			
Date shared with instructor:			
Outcome, ie, were follow up activities assigned as a result of audit?			
Date of next follow up if activities assigned:			
Date shared with school director/outcome:			