Teaching Observation & Feedback Form

|  |  |
| --- | --- |
| **Lecturer:** |  |
| **Lecture Title:** |  |
| **Course:** |  |
| **Date:** |  |
| **Observer’s Name:** |  |
|  |  |
|  |  |
| **Material / Content:** |  |
| **Pace:** |  |
| **Objectives:** |  |
| **Explanations:** |  |
| **Organization:** |  |
| **Summaries:** |  |
| **Class Participation:** |  |
| **Questions:** |  |
| **Audiovisual Aids:** |  |
| **Handout:** |  |
| **Slides:** |  |
| **Overall Impression:** |  |
| **How this observation will impact my teaching:**  |  |