Teaching Observation & Feedback Form

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