



## FACULTY EVALUATION FORM O ONLINE COURSES

FACULTY NAME:

20

COURSE AND SECTION NUMBER:

COURSE TITLE:

SCHOOL:

DEPARTMENT:

EVALUATOR'S NAME:

TITLE:

DATE OF VISITATION:

# OF STUDENTS:

**All PC and Mac users please note:** This form must be opened using **Adobe Reader**; any forms opened/used in "Preview Mode" will not function properly.

**DIRECTIONS:** Every item must contain specific comments including an example to illustrate the evaluator's point and suggestions for improvement if applicable. Each category includes a concise parenthetical, descriptive prompt; however, the evaluator's comments are not limited to those descriptors. Please select the most relevant rating from each drop down box.

**OBSERVED LESSON AND RELEVANCE TO COURSE OUTLINE:**

**COURSE MANAGEMENT SYSTEM COMPONENTS BEING USED:**

- |  |   |                                      |   |
|--|---|--------------------------------------|---|
| <input type="checkbox"/> Announcements | <input type="checkbox"/> Discussion Board | <input type="checkbox"/> Assignments | <input type="checkbox"/> Grouping       |
| <input type="checkbox"/> Drop Box      | <input type="checkbox"/> Documents        | <input type="checkbox"/> Calendar    | <input type="checkbox"/> External Links |
| <input type="checkbox"/> Chat Room     | <input type="checkbox"/> Grades           | <input type="checkbox"/> Other _____ |   |

**INSTRUCTIONAL TECHNIQUES BEING USED:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Lecture                       | <input type="checkbox"/> Class Discussion     | <input type="checkbox"/> Small Group Activities                 |
| <input type="checkbox"/> Individual Student Assistance | <input type="checkbox"/> Interactive Activity | <input type="checkbox"/> Internet                               |
| <input type="checkbox"/> Audio/Visual                  | <input type="checkbox"/> Web-enhanced         | <input type="checkbox"/> Online <input type="checkbox"/> Hybrid |

**GOALS/OBJECTIVES:**

Select a rating that is most relevant from the drop down box (left).  
8 – 10 = Strong | 6 – 7 = Competent | 4 – 5 = Marginal | 1 – 3 = Unsatisfactory.

**(Clearly stated verbally or written; relevant to larger goals; connected to other planned activities)**

Comments:

Check here if continued on Addendum ☐

**Faculty Name:**  
**Course:**

Evaluation Scale: 8 – 10 = Strong | 6 – 7 = Competent | 4 – 5 = Marginal | 1 – 3 = Unsatisfactory

**ORGANIZATION OF LESSON PLAN:**

**(Organized progression from each activity to the next)**

**Comments:**

*Check here if continued on Addendum* ☐

**RESPONSE TIME:**

**(Punctuality responding to student queries and work)**

**Comments:**

*Check here if continued on Addendum* ☐

**USE OF ONLINE TIME:**

**(Punctuality responding to student queries and work)**

**Comments:**

*Check here if continued on Addendum* ☐

**Faculty Name:**  
**Course:**

Evaluation Scale: 8 – 10 = Strong | 6 – 7 = Competent | 4 – 5 = Marginal | 1 – 3 = Unsatisfactory

**COURSE MANAGEMENT:**

**(Control of course environment)**

**Comments:**

*Check here if continued on Addendum* ☐

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**EXPERTISE OF SUBJECT MATTER:**

**(Mastery of and currency in online teaching approaches; constructivist, etc.)**

**Comments:**

*Check here if continued on Addendum* ☐

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**TEACHING METHODOLOGIES (PEDAGOGY/ANDRAGOGY):**

**(Mastery of teaching skills and strategies specific to online education)**

**Comments:**

*Check here if continued on Addendum* ☐

**Faculty Name:**  
**Course:**

Evaluation Scale: 8 – 10 = Strong | 6 – 7 = Competent | 4 – 5 = Marginal | 1 – 3 = Unsatisfactory

**PRESENTATION AND DELIVERY:**

**(Awareness of imaging, vocabulary and delivery of lecture or lesson)**

**Comments:**

*Check here if continued on Addendum* ☐

**STUDENT INVOLVEMENT:**

**(Evidence of active engagement and participation by students)**

**Comments:**

*Check here if continued on Addendum* ☐

**LEARNING ENVIRONMENT:**

**(Creates an environment conducive to learning)**

**Comments:**

*Check here if continued on Addendum* ☐

**RAPPORT:**

**(Evidence of mutual respect and professionalism)**

**Comments:**

*Check here if continued on Addendum* ☐

**Faculty Name:**  
**Course:**

Evaluation Scale: 8 – 10 = Strong | 6 – 7 = Competent | 4 – 5 = Marginal | 1 – 3 = Unsatisfactory

**OVERALL CLASS VISITATION SCALE:**

**SUMMARY EVALUATION:**

**Comments:**

*Check here if continued on Addendum* ☐

Evaluator's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dean's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dean Comments (Optional):** \_\_\_\_\_

Faculty Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Faculty Comments (Optional):** \_\_\_\_\_