



**FULL-TIME 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:

Faculty Evaluation **Page 2**
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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:

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Form O

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 ☐

EXPERTISE OF SUBJECT MATTER:

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

Comments:

Check here if continued on Addendum ☐

TEACHING METHODOLOGIES (PEDAGOGY/ANDRAGOGY):

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

Comments:

Check here if continued on Addendum ☐

Faculty Name:
Course:

Faculty Evaluation Page 4
Form O

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:

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Form O

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): _____