

**AUSTIN PEAY STATE UNIVERSITY
PART-TIME INSTRUCTOR OBSERVATION FORM
On-Ground Instruction**

Part-time instructor observed _____

Date of observation _____ Semester _____

Course title _____

Rating Scale: 1=needs improvement 2=satisfactory 3=excellent N/A=not applicable

CONTENT

Lesson content is linked to objectives	1	2	3
Content at an appropriate level for student learning	1	2	3

ORGANIZATION

Clear organizational plan for class session	1	2	3
Evidence of preparation for class session	1	2	3

INTERACTION

Creates opportunities for student engagement	1	2	3
Instructor is responsive to student questions/statements	1	2	3

VERBAL/NON-VERBAL

Instructor speaks clearly and effectively	1	2	3
Instructor is confident and enthusiastic	1	2	3

USE OF MEDIA

Media materials are effectively communicated	1	2	3	NA
Media materials are well-organized	1	2	3	NA

ADDITIONAL COMMENTS (Optional)

Part-time instructor signature _____

Date _____

Observer signature _____

Date _____

Supervisor/Department chair _____

Date _____

(affirms review was read)