

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

Part-time instructor observed _____

Date of observation _____ Semester _____

Course title _____

Rating Scale: 1=needs improvement 2=satisfactory 3=excellent

CONTENT/GRADING

Syllabus is posted and current	1	2	3
Course material is relevant	1	2	3
Course materials (links/uploads) are accessible	1	2	3
Basis for evaluation is clear	1	2	3
Grading is timely	1	2	3
Instructor maintains a viewable grade book	1	2	3

ORGANIZATION

Modules are well-organized	1	2	3
Graded activities are varied (such as drobox assignments, discussion boards, and quizzes, etc. are used)	1	2	3
Calendar is used	yes	no	
News items, if used, are up-to-date	yes	no	

INSTRUCTOR PRESENCE

Instructor has a "presence" in the class	1	2	3
--	---	---	---

ADDITIONAL COMMENTS (Optional)

Part-time instructor signature _____ Date _____

Observer signature _____ Date _____

Supervisor/Department chair _____ Date _____
(affirms review was read)