**Non Instructional Faculty Observation**

Reedley College

State Center Community College District

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| Faculty Name: |  |  | Date: |  |
| Program: |  |  | Location: |  |
| Topic: |  |  | Evaluator: |  |

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| --- | --- | --- | --- | --- | --- |
| Category | Satisfactory | NeedsImprovement | Not Observed | NotApplicable | Comments |
| **PLANNING** |
| Shows evidence of advanced preparation. | ☐ | ☐ | ☐ | ☐ |  |
| Provides clear and meaningful examples. | ☐ | ☐ | ☐ | ☐ |
| **PRESENTATION** |
| Presents material in an organized manner. | ☐ | ☐ | ☐ | ☐ |  |
| Uses time effectively. | ☐ | ☐ | ☐ | ☐ |
| Emphasizes and summarizes major points. | ☐ | ☐ | ☐ | ☐ |
| Encourages independent thinking. | ☐ | ☐ | ☐ | ☐ |
| Demonstrates current knowledge of the subject. | ☐ | ☐ | ☐ | ☐ |
| Uses examples to clarify content. | ☐ | ☐ | ☐ | ☐ |
| Conveys a sense of enthusiasm to encourage student interest and attention. | ☐ | ☐ | ☐ | ☐ |  |
| Employs a variety of materials and techniques appropriate to varying abilities and backgrounds. | ☐ | ☐ | ☐ | ☐ |
| Faculty determines students’ needs. | ☐ | ☐ | ☐ | ☐ |
| Faculty treats students equitably. | ☐ | ☐ | ☐ | ☐ |
| **INTERACTIVE TECHNIQUES** |
| Encourages relevant student participation. | ☐ | ☐ | ☐ | ☐ |  |
| Helpful when students have questions. | ☐ | ☐ | ☐ | ☐ |
| Questions students to determine reasoning and understanding. | ☐ | ☐ | ☐ | ☐ |
| Communication is clear, audible and legible. | ☐ | ☐ | ☐ | ☐ |
| Use of vocabulary is appropriate to information. | ☐ | ☐ | ☐ | ☐ |
| Information is communicated in an effective and understandable manner. | ☐ | ☐ | ☐ | ☐ |
| **STUDENT RELATIONS** |
| Creates a feeling of genuine interest in student progress. | ☐ | ☐ | ☐ | ☐ |  |
| Atmosphere reflects mutual respect and regard for the ideas of others. | ☐ | ☐ | ☐ | ☐ |

Summary Statement: Please address the following:

1. What specific strengths did you identify in this faculty?

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2. Please list any specific changes recommended to strengthen this faculty’s effectiveness.

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3. List any other suggestions for improvement.

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4. Other comments or suggestions.

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| Evaluator’s Signature: |  |

*The signature below indicates this observation has been discussed with me but does not constitute consent or agreement. I understand I may prepare a narrative statement to be attached to this document.*

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| Faculty Member’s Signature: |  |

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| --- |
| Date: |