

TEACHING FACULTY OBSERVATION REPORT

Faculty Member Being Observed:

Name	Rank


Department	Date

Name of Observer	Rank

Brief Description of topic under Discussion-	Course and Section number:	
	Course Title:	
	Number of Students attending:	

Observation:

(Attach Additional Pages if necessary)

Signature of Observer (select  Sign yourself to sign):

Date: _____

Signature of Observed Faculty Member (select  Sign yourself to sign):

Date: _____

Distribution:

White copy/Faculty Personnel Office

Yellow Copy/Department File

Pink Copy Faculty Member