

FACULTY OBSERVATION REPORT

Date: _____

Observee: _____

Course: _____

Subject of lecture: _____

Observer: _____

Signature: _____

I. CONTENT AND ORGANIZATION

II. APPROPRIATENESS AND/OR RELEVANCE TO CENTRAL THEME OF COURSE

III. JUDGMENT AS TO DETAIL AND LEVEL

IV. DELIVERY – USE OF VISUALS

HUNTER COLLEGE OF THE CITY UNIVERSITY OF NEW YORK
Department of Geography

NOTIFICATION OF OBSERVATION

TO: (Faculty Member) _____

FROM: (Observer) _____

DATE: _____

This is to inform you that I shall observe one of your classes, as follows:

_____	_____	_____
Course Number and Section	Date	Time

Please complete this form and return it as soon as possible to the Department Chairperson

I received at least 24 hours notice
Of this observation. _____

I did not receive 24 hours notice
Of this observation. _____

Signature