



**PIKES PEAK**  
STATE COLLEGE  
EP 190 Supplement 1 Appendix A  
Evaluation of Faculty Teaching

*In compliance with CCCS Board Policy (BP-31) and CCCS Systems President's Procedures (SP 3-31), evidence of teaching effectiveness will include, but is not limited to, the data collected through the process of review, observation, and conversation between faculty and supervisors documented on the following Evaluation of Teaching form.*

**Instructor:**

**Department:**

**Evaluator:**

**Title:**

## I. EVALUATOR REVIEW PRIOR TO THE CLASSROOM OBSERVATION

### A. COURSE MATERIALS

	Course materials are clear, complete, and relevant (may include syllabus, D2L shell, and other materials)
	Course materials meet accessibility requirements

Please provide comments that support your evaluation (if any):

### B. AVAILABILITY TO STUDENTS OUTSIDE OF CLASS

	Office hours clearly identified on Outlook calendar
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Please provide comments that support your evaluation (if any):

## II. CLASSROOM OBSERVATION

The purpose of the observation of teaching process is to foster excellence in teaching and to evaluate the faculty member's teaching. The following components (class structure/classroom management/content delivery) are listed to provide a framework for conversation between faculty and supervisor in support of the evaluation of teaching process. Please refer to the glossary in EP 190 Supplement 1 Appendix C for examples in each evaluation category.

<b>Course Title:</b>	
<b>Date(s):</b>	

Time(s):	
Course Format:	
Teaching Method:	

**A. CLASS STRUCTURE AND ORGANIZATION**

	Primary objective of instruction is clear
	Delivery is organized (relationship between points or activities is clear)
	Uses class time well (allots more time to important aims/points; avoids unnecessary digressions)

Please provide comments that support your evaluation (if any):

**B. PROMOTES STUDENT ACHIEVEMENT**

	Confirms that students understand and/or can perform an activity
	Facilitates and monitors group activities/discussion
	Uses techniques that engage learners
	Uses questions effectively
	Use techniques to break complex concepts/problems into smaller units
	Varies techniques based on student needs
	Shows enthusiasm for the material
	Encourages, and is responsive to, student participation (when appropriate)
	Evidence of assessment of student learning

Please provide comments that support your evaluation (if any):

**C. COMMAND OF SUBJECT MATTER**

	Demonstrates mastery and currency of the subject matter and/or skill being presented
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Please provide comments that support your evaluation (if any):

**D. PRESENTATION SKILLS**

	Communicates effectively
	Students are engaged in the class
	Flexible and adaptable when necessary
	Effectively utilizes materials, including technology

Please provide comments that support your evaluation (if any):

**E. PROFESSIONAL BEHAVIOR AND COURTEOUS INTERACTION WITH STUDENTS**

	Encourages atmosphere of mutual respect
	Implements course/program/college policies and procedures
	Adheres to professional standards of discipline

Please provide comments that support your evaluation (if any):

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**III. POST-OBSERVATION MEETING/DISCUSSION**

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**INSTRUCTOR'S MAJOR STRENGTHS** (as noted by classroom observation evaluator)

**SPECIFIC RECOMMENDATIONS TO IMPROVE INSTRUCTOR'S TEACHING** (as noted by classroom observation evaluator)

**INSTRUCTOR'S RESPONSE TO EVALUATION OF TEACHING** (including evaluator review prior to classroom observation)

**PLAN(S) FOR PROFESSIONAL DEVELOPMENT/FOLLOW-UP/ADDITIONAL CLASSROOM OBSERVATIONS** (if any)

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**IV. DISCUSSION/DOCUMENTATION OF FOLLOWING:**

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Has the instructor developed/modified curriculum and/or content delivery in response to assessment (assessment may be from student evaluation, questions in class, assessment results, tests)? Please describe.

Discuss/describe assessment of student learning (quality and timeliness of feedback to students). Please describe.

Discuss course retention strategies implemented by the instructor. Please describe.

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**V. SIGNATURES**

**Supervisor/Evaluator Signature** \_\_\_\_\_ . **Date** \_\_\_\_\_

(This signature verifies that the supervisor/evaluator has completed all sections of the Evaluation of Teaching form and completed the post-observation meeting/discussion with the instructor.)

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**Instructor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

(This signature verifies that the instructor has reviewed this form, been provided with an opportunity to document a response, and completed the post-observation meeting/discussion with the supervisor/evaluator.)

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