Faculty Classroom Visitation Form

PRAIRIE VIEW A&M UNIVERSITY

Faculty Member's Name | **Date** | **Time**

Department | **College / School**

Course Title | **Course Number / Section**

Class Topic / Session Objectives (optional, provided by faculty member)

Faculty Member's Status: ☐ Tenured ☐ Tenure-Track ☐ NTT/APT ☐ Adjunct

Purpose: ☐First-Year ☐Mid-Tenure Review ☐Tenure and/or Promotion Review ☐Periodic ☐Other

Excellent = 5	Above Average = 4	Average = 3	Below Average = 2	Inadequate = 1	Not Applicable / Not Observed = N/A

The ratings below reflect the consensus of the committee. If observers do not agree on a rating, this should be noted in the Justify Ratings column. Items marked N/A are excluded from the average rating.

Departments with clinical, field, or studio teaching may attach supplemental items approved by the dean.

I. Content Mastery	Rating	Justify Ratings
1. Presents content accurately, using appropriate terminology.		
2. Presents content with depth appropriate for the course level, reflecting current knowledge in the field.		
3. Content aligns with the course or session objectives.		
4. Identifies key concepts and shows how they connect.		

Observations regarding content mastery:

Average Rating:

II. Organization and Clarity	Rating	Justify Ratings
1. Students can follow the purpose and sequence of the session.		
2. Explains concepts clearly.		
3. Uses examples effectively.		
4. Reinforces key points by any suitable means (e.g., summary, student reflection, wrap-up activity).		

Observations regarding organization and clarity:

Average Rating:

III. Instructional Strategies	Rating	Justify Ratings
1. Is well prepared (e.g., materials ready, smooth transitions).		
2. Uses teaching methods that fit the material and help students learn.		
3. Uses technology purposefully (e.g., AI tools, simulations), with accessible materials.		
4. Asks thought-provoking questions.		
5. Uses class time effectively.		

Observations regarding instructional strategies:

Average Rating:

IV. Student Engagement	Rating	Justify Ratings
1. Gives students opportunities to take part in learning (e.g., speaking, writing, problem solving, group work).		
2. Encourages questions and other student responses.		
3. Handles students' questions satisfactorily.		
4. Seeks feedback from students regarding understanding of concepts presented.		

Observations regarding student engagement:

Average Rating:

V. Communication	Rating	Justify Ratings
1. Explanations, visuals, and materials are clear and easy for students to see and hear.		
2. Communication supports student understanding.		

Observations regarding communication:

Average Rating:

VI. Classroom Management	Rating	Justify Ratings
1. Maintains a climate conducive to learning.		
2. Manages classroom activities, transitions, and distractions effectively.		

Observations regarding classroom management:

Average Rating:

Summary

Overall Rating (Average of 6 sections):

Strengths observed:

Recommendations for improvement (please note the section each recommendation relates to):

Observation Committee

Observations are conducted by a three-member faculty committee. Tenured and tenure-track faculty are observed exclusively by tenured faculty. NTT/APT faculty are observed by a committee of two NTT/APT faculty members, chaired by a tenured faculty member. Adjunct faculty are observed by the department head or one tenured faculty member designated by the department head.

Role	Name	Rank / Title	Signature	Date
Committee Chair				
Observer 2				
Observer 3				

Faculty Acknowledgment

My signature confirms that I have received and reviewed this observation report. My signature does not necessarily indicate agreement.

☐ I have no response to this report.

☐ I wish to submit a written response or request a review (complete the section below).

Faculty Member Signature SIGN _____ **Date** _____

Faculty Response / Request for Review

Faculty members who wish to respond to or raise concerns about this observation report may do so through their department head or dean. Please describe your response or concerns below or attach a separate statement.

Response or concerns:

☐ Separate statement attached

Faculty Member Signature SIGN _____ **Date** _____

SIGN

Received By (Department Head or Dean) – Name and Signature _____ **Date** _____