

**COAST COMMUNITY COLLEGE DISTRICT**  
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**FACULTY OBSERVATION REPORT**

**Coastline Community College** \_\_\_\_ **Golden West College** \_\_\_\_ **Orange Coast College** \_\_\_\_

Evaluator must communicate with the Evaluatee regarding the observation as soon as possible, but not later than the appropriate timelines identified in Article VIII. This completed form must be provided to the Evaluatee no later than ten working days after the observation.

Faculty Evaluatee Name: \_\_\_\_\_

Course Title: \_\_\_\_\_

Date of Visit: \_\_\_\_\_ Time - From: \_\_\_\_\_ to: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

Tenure-Track Year (check one): ☐ Year One ☐ Year Two ☐ Year Three ☐ Year Four

☐ Tenured/Regular ☐ Categorical ☐ Temporary ☐ Part-Time

Summary of Lesson Content:

Instructional Assessment Comments:

1. Knowledge of Subject:

2. Ability to present ideas; clarity of explanations:

3. Use of instructional techniques and aids that stimulate thinking, interest and meet student needs:

4. Encouragement of student participation:

5. Evidence of preparation for class and organization of material:

6. Evidence of effective class time management:

7. Instructional content follows course outline of record:

8. Instructor engages in regular and substantive interaction with students:

9. Student Learning Outcomes: Are SLOs on the evaluatee's course syllabus? ☐ Yes ☐ No

How has the evaluatee used SLO assessments to improve student learning?

Strengths:

RATING:

\_\_\_\_\_ Satisfactory

\_\_\_\_\_ Satisfactory but Needs Improvement (Part-Time evaluations only). If checked, must include a separate Improvement Plan.

\_\_\_\_\_ Unsatisfactory

Suggestions:

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Date of Post-Observation Conference: \_\_\_\_\_

Remarks by Instructor (Evaluatee):

Additional Comments by evaluator(s):

Signature of Faculty Evaluatee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Evaluator who authored This Observation Report: \_\_\_\_\_

Date: \_\_\_\_\_