DUAL CREDIT

Course Observation Form

Subject _____ Number _____ Section _____ High School _____

Dual Credit Teacher _____ Faculty Liaison _____

Date(s) of Classroom Observation _____

Building administrators must be notified in advance of all site visits. Submit completed form to Early College Programs.

1. **Class is effectively planned and organized.** **Excellent ____ Satisfactory ____ Needs Work ____**
   Comments:_____
   _____
   _____
   _____

2. **Learning outcomes are clearly stated and effectively met.** **Excellent ____ Satisfactory ____ Needs Work ____**
   Comments:_____
   _____
   _____
   _____

3. **Teacher stimulates student engagement with the material.** **Excellent ____ Satisfactory ____ Needs Work ____**
   Comments:_____
   _____
   _____
   _____

4. **Complex concepts are clearly explained and illustrated.** **Excellent ____ Satisfactory ____ Needs Work ____**
   Comments:_____
   _____
   _____
   _____

5. **Teacher demonstrates respect for students as learners.** **Excellent ____ Satisfactory ____ Needs Work ____**
   Comments:_____
   _____
   _____
   _____

6. **Teacher communicates well with students.** **Excellent ____ Satisfactory ____ Needs Work ____**
   Comments:_____
   _____
   _____
   _____

Faculty Liaison Signature _____ Date _____

Dual Credit Teacher Signature _____ Date_____