| Classroom Observation of Teaching - Post-Observation Form |
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| Instructor: |
| Department/College: |
| Academic Rank: |
| Course & section number: |
| Class days, time, & location: |
| Enrollment: |
| Observation date: |
| Observer: |
| Please reflect on the observed class session by answering the following questions and return the form to the observer before the post observation meeting. |
| 1. What did you learn from teaching this class session? |
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| 1. Was this a typical class session? How was it the same? Different? |
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| 1. What instructional strengths did you demonstrate in this class session? |
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| 1. What changes (if any) would you make in the way you conducted this class session or in your teaching in general? |
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| 1. What questions remain for you and/or what support do you need? |
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| 1. Please share what you find beneficial about the classroom observation and feedback opportunity. |
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