|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***Classroom Observation Plan*****(To be completed by the evaluatee prior to the classroom visit)**

|  |  |
| --- | --- |
| **Course:**  | **Section:**  |

|  |  |  |
| --- | --- | --- |
| **Room:**  | **Time and Day of class:**  |  |

|  |
| --- |
| **Date of visit:**  |

|  |
| --- |
| **Number of students enrolled:**  |

|  |
| --- |
| **Evaluatee:**  |

|  |
| --- |
| **Evaluator:**  |

 |

**Please attach your course syllabus**.

|  |
| --- |
| **1. State the objective(s) of the class session.** |
|   |
| **2. How do you plan to achieve this/these objective(s)? What teaching methods/activities will you use?** |
|   |
| **3. Explain how the content of this session fits into the student learning outcomes for the course.** |
|   |