|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***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.** |
|  |