|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ***On-Line Classroom Observation Plan***  **(To be completed by the evaluatee prior to the classroom visit)**   |  |  | | --- | --- | | **Course:** \_ | **Section:** \_ |  |  |  |  | | --- | --- | --- | | **Web site URL:** \_ | **User name:** \_ | **Password:** \_ |      |  | | --- | | **Date of visit (beginning and ending—consecutive five-day period):** \_ |  |  | | --- | | **Number of students enrolled:** \_ |  |  | | --- | | **Evaluatee:** \_ |  |  | | --- | | **Evaluator:** \_ | |

**Please attach your course syllabus**.

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| **1. State the objective(s) of the class for this five-day evaluation period.** |
| \_ |
| **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 evaluation period fits into the student learning outcomes for the course.** |
| \_ |