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

|  |
| --- |
| **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.** |
|  \_  |