

RANCHO SANTIAGO COMMUNITY COLLEGE DISTRICT  
**Faculty Observation Report for Online Classes**

Faculty Member's Name: \_\_\_\_\_  
(Please print)

Date: \_\_\_\_\_  
(Date of observation)

Faculty Member's Employee ID #: \_\_\_\_\_

Semester: \_\_\_\_\_

Class/Assignment: \_\_\_\_\_

I. Demonstrates professional knowledge in his/her field for preparation/instruction:	<p><u>Check one:</u></p> Does not meet expectations* ____                 Meets expectations ____
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II. Utilizes appropriate materials, methods and techniques for effective instruction:	<p><u>Check one:</u></p> Does not meet expectations* ____                 Meets expectations ____
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III. Communicates ideas, instructions, assignments, and other presentations in a clear, organized and effective manner; is responsive to students needs and requests:	<p><u>Check one:</u></p> Does not meet expectations* ____                 Meets expectations ____
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Strengths Observed (Narrative Required):
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Suggestions for Improvement (Narrative Required):
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*\* Comments regarding performance that does not meet expectations should include specific citations of weakness and specific recommendations for improvement.*

**Overall Observation:**      \_\_\_\_ Meets Expectation                      \_\_\_\_ Does Not Meet Expectations

Evaluator (please print): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Faculty Member (please print): \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Administrator: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**Note:** *Evaluatee's signature does not imply agreement. It is merely an acknowledgement that the complete report has been read and a copy received. Within fifteen (15) working days of receipt of this evaluation report, the evaluatee may also submit a written statement to be filed with this evaluation report. Attach additional sheet if necessary.*