Center for the Advancement of Teaching

Pre-Observation Form

Name: __________________________________________________________

Observation Date: ________________ Observation Time: ________________
Location: _______________________ Class Room: ___________________
Number of Students in Class: __________ Level of Students: ____________
Course Title: ____________________ Course Number: _________________
Class Topic: ______________________

What are your goals for the session?

What are your plans for achieving these goals?

What teaching strategies/methods will you use to help students reach your goals?

What have students been asked to do in preparation for this class?
How will the students show they understand the material you are teaching?

What would you like the observer to focus on during the observation?

Is there anything that the observer should be aware of prior to observation?

Signature: ____________________________________ Date: ______________________