

CONNECTICUT REGIONAL COMMUNITY COLLEGES  
STANDARD EVALUATION FORM  
CLASSROOM VISITATION

Evaluee \_\_\_\_\_ Position \_\_\_\_\_ College NCCC  
Year at College (1st, 2nd, etc.) \_\_\_\_  
Type of Evaluation (check one)

- Required employer evaluation
- Optional peer evaluation  
with peer selection by mutual agreement between president  
or his designee and evaluee
- Optional peer evaluation by peer of evaluee's own  
choosing for sole purpose of self-improvement

Evaluator \_\_\_\_\_ Position \_\_\_\_\_ Date of Evaluation \_\_\_\_\_

Course Visited \_\_\_\_\_ Time Evaluation Began: \_\_\_\_\_ Concluded: \_\_\_\_\_  
Approximate Number of Students \_\_\_\_ Class Location: \_\_\_\_\_

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**DIRECTIONS FOR COMPLETING THIS FORM:**

1. Circle the most appropriate number on the rating scale, using the following scale interpretations:

- 1 - Inferior
- 2 - Below Average
- 3 - Average
- 4 - Above Average
- 5 - Superior

2. Specific comments should explain the numerical rating.

3. Additional comments should address elements of class visitation not covered by questions "a" through "e".

a. Was presentation organized and coherent? 1 2 3 4 5

Specific Comments:

b. Did presentation accommodate various levels of student development?  
1 2 3 4 5

Specific Comments

c. Was the instructor sensitive to student responses? 1 2 3 4 5

Specific Comments:

d. Did the general class atmosphere reflect mutual respect and regard?  
1 2 3 4 5

Specific Comments:

e. Did the general class atmosphere reflect educational stimulation?  
1 2 3 4 5

Specific Comments:

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Signature of Evaluator