EMU FT (FTL & PTL) CLASSROOM OBSERVATION EVALUATION FORM

Date:	Name of Observer:	
Name of Instructor:		Instructor EID:
	er: Course Title:	
	Expectations Meets Expectations Does Not	
	Observer Signature:	
	describe the instructor's teaching style & methods	
COURSE CONTENT:	(describe the instructor's breadth and depth of cor	ntent)
INSTRUCTOR STUD	DENT INTERACTION: (describe the form and e	extent of interaction)