

Instructor Observation Worksheet

Instructor: _____ Observer: _____ Date _____

Lesson Number _____ Lesson Title _____

A. Class Observations: _____

B. Two suggested improvements/things to consider to do differently:

1. _____

2. _____

C. Two Strengths:

1. _____

2. _____

D. Evaluated Instructor's Comments:

Observer's Signature/Date

Instructor's Signature/Date