

National Taiwan Normal University
Center for Teaching and Learning Development
Classroom Observation Feedback Form

Course Title		Course Type	<input type="checkbox"/> Required <input type="checkbox"/> Undergraduate <input type="checkbox"/> Elective <input type="checkbox"/> Graduate
Observer		Course Instructor	

Pre-Observation Meeting

Date/Time	<u>YYYY/MM/DD HH:MM</u> to <u>HH:MM</u>
Location/Tool	
Summary	

Classroom Observation

Date/Time	<u>YYYY/MM/DD HH:MM</u> to <u>HH:MM</u>
-----------	---

Please comment according to the following 2 categories:

(1) Course content and teaching method. (2) Classroom communication and interaction.

National Taiwan Normal University
Center for Teaching and Learning Development
Classroom Observation Feedback Form

Post-Observation Meeting	
Date/Time	<u>YYYY/MM/DD</u> <u>HH:MM</u> to <u>HH:MM</u>
Location/Tool	
Summary	

Observer's Signature: _____

Date: YYYY/MM/DD

