

Presentation Feedback Form

Instructor: _____ Topic: _____
 Observer: _____ Objective(s): _____

| Planning/Preparation | Well done! | Satisfactory | Needs some improvement | Comments |
|----------------------------------|------------|--------------|------------------------|----------|
| Quality of explanation | | | | |
| Appropriate level of explanation | | | | |
| Logical flow | | | | |
| Student engagement | | | | |

| Assessing Understanding | | | | |
|--|--|--|--|--|
| Assessment of student understanding used | | | | |

| Questioning | | | | |
|----------------------|--|--|--|--|
| Open-ended questions | | | | |
| Wait time | | | | |

| Classroom culture | | | | |
|-------------------|--|--|--|--|
| Welcoming | | | | |
| Smile | | | | |
| Break the plane | | | | |
| Circulating | | | | |

| Mechanics | | | | |
|-----------------------|--|--|--|--|
| Clear directions | | | | |
| Specific directions | | | | |
| Eye contact | | | | |
| Clear board work | | | | |
| Clear, audible speech | | | | |

| Additional Comments and Suggestions |
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