



Clinical Observation Checklist

Name _____ Date _____

Class Observed _____ Time _____

Observer _____ Department _____

Syllabus reflects learning assessments appropriate to course outcomes? YES NO N/A

Student opinion of instruction (SOI) evaluated? YES NO N/A

	Exceptional Contribution*	Meets Expectations	Needs Improvement*	Not Observed
<u>Learning Environment</u>				
Fosters an effective learning environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is readily accessible for assistance or questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Responds appropriately to students' questions and answers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Instructional Delivery</u>				
Models the role of a professional in the clinical setting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates clinical to theory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assists students in developing critical thinking and problem-solving skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates clinical expertise directly or indirectly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

***All items marked Exceptional Contribution or Needs Improvement must be explained.**

Other Comments: (Note either effective or ineffective teaching practices observed)

Faculty Signature

Date

Evaluator's Signature

Date

Evaluator's Supervisor Signature

Date