



Lab 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>				
Uses appropriate materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Relates laboratory to lecture or clinical experiences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provides frequent and appropriate feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicates appropriate safety protocol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Directs student clean-up of laboratory equipment and workspace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Instructional Delivery</u>				
Articulates proper laboratory technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates awareness of individual student learning needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears knowledgeable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appears well-organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explains concepts clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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***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