



TA Class/Lab Observation and Feedback Form

Department Name

Semester & Year Evaluated

This form is to be completed by a faculty member who is visiting the TA's class or lab. Complete one form per teaching assistant per semester (for TA Types 1, 2 and 3).

Teaching Assistant _____

Student ID # _____

Faculty Observer _____ **TA's Supervisor** _____

Date Observed _____ **Course #** _____ **Section** _____

NOTE: The TA should read the drafted observation and offer any written response. Finalized forms must be signed by the observer, the TA's supervisor, and the TA. One copy should be placed in the TA's file in the department. We ask that departments collect all observations and evaluations into a group and then scan and forward them as a **single pdf attachment** to Erin Shoot (ejshoo2@uky.edu) no later than February 1 for Fall terms or June 1 for Spring terms.

For each of the following criteria, please circle the best approximation of the student's performance or N/A.

Opening of Lesson	Excellent		Acceptable		Problematic	
Begins on time	5	4	3	2	1	N/A
Provides lesson context & relevance	5	4	3	2	1	N/A
Asserts learning goal(s)	5	4	3	2	1	N/A
Body of Lesson	Excellent		Acceptable		Problematic	
Defines any terms needed to understand concepts	5	4	3	2	1	N/A
Uses effective examples, illustrations, anecdotes, etc.	5	4	3	2	1	N/A
Clearly distinguishes main points from supportive details	5	4	3	2	1	N/A
Organizes/sequences information for optimal learning	5	4	3	2	1	N/A
Offers clear transitions between major points	5	4	3	2	1	N/A
Stays on topic & achieves stated learning goal	5	4	3	2	1	N/A
Demonstrates mastery of content knowledge	5	4	3	2	1	N/A
Closing of Lesson	Excellent		Acceptable		Problematic	
Reasserts learning goal	5	4	3	2	1	N/A
Offers final thoughts and transitions to next session	5	4	3	2	1	N/A
Ends on time	5	4	3	2	1	N/A
Teacher Presence	Excellent		Acceptable		Problematic	
Checks & responds to student understanding	5	4	3	2	1	N/A
Attempts to engage group & individuals as appropriate	5	4	3	2	1	N/A
Responds well to students' comments/questions	5	4	3	2	1	N/A
Demonstrates confidence, rapport with students	5	4	3	2	1	N/A

Verbal & Spatial Behavior	Excellent		Acceptable		Problematic	
Pacing and articulation	5	4	3	2	1	N/A
Voice level	5	4	3	2	1	N/A
Gestures & movement	5	4	3	2	1	N/A
Eye contact & facial expression	5	4	3	2	1	N/A
Use of board, other visual aids	5	4	3	2	1	N/A
Strategic pauses & silences	5	4	3	2	1	N/A

Adapted from A Microteaching Checklist, The Graduate School and CELT, University of Kentucky

Summary of primary strengths observed:

Suggested areas of improvement:

TA's Comments (if any; continue in an attachment if needed)

Required Signatures:

(Note: TA's signature below is required by the Graduate School and indicates that the TA has read and understood his/her evaluation; it is not an indicator of approval.)

Faculty Observer _____ Date _____

TA _____ Date _____

TA's Supervisor _____ Date _____