**Michigan State university – Department of Kinesiology**

**TEACHING ASSISTANT EVALUATION FORM – BIP COURSES**

The instructor is responsible for completing this portion of the teaching evaluation for the evaluator prior to class.

|  |  |  |  |
| --- | --- | --- | --- |
| **Instructor:** |  | **Course Title:** |  |
| **Evaluator:** |  | **Class size:** |  |
| **Date:** |  | **Topic/Activity:** |  |
| **KIN:** |  | **Advisor:** |  |
| **Section #:** |  |  |  |

The purpose of the evaluation is to help the instructor improve on their effectiveness. Therefore, please provide suggestions for improving instead of simply aspects where individuals excel. For each question set please rate the instructor on a 1 – 5 scale (1 = poor, 5 = excellent).

**Organization and Management**

|  |  |  |
| --- | --- | --- |
|  | *Poor………………... Excellent* | *Comments* |
| Instructor dressed appropriately  | 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |  |
| Efficiency of attendance procedure  | 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |  |
| Prepared to conduct class | 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |  |
| Warm-up activity | 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |  |
| Presented material in an organized manner | 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |  |
| Summarized the major points at the end of class during cool down | 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |  |
| Class time management | 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |  |
| First Aid Kit and Blood Spill kit readily available; understanding of injury procedure | 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |  |

**Knowledge of Subject Matter**

|  |  |  |
| --- | --- | --- |
|  | *Poor………………... Excellent* | *Comments* |
| Presented lesson in developmental sequence | 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |  |
| Explained key course concepts clearly | 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |  |
| Provided individualized constructive feedback | 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |  |
| Utilized clear/accurate instructional cues | 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |  |
| Attentive of student safety | 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |  |
| Instructor knowledge of activity | 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |  |

**Teaching Style**

|  |  |  |
| --- | --- | --- |
|  | *Poor………………... Excellent* | *Comments* |
| Spoke clearly and audibly  | 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |  |
| Displayed enthusiasm in lesson and teaching | 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |  |
| Gestures, voice tone, and eye contact were used appropriately  | 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |  |
| Students appear comfortable participating in class | 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |  |
| Treated all students in an equitable manner | 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |  |
| Minimum time lost on setup and transitions | 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |  |
| Ability to alter activity based on student performance | 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |  |

**Instructional Techniques**

|  |  |  |
| --- | --- | --- |
|  | *Check the appropriate box* | *Comments* |
| Instructional materials submitted prior to observation (e.g., syllabus, handouts) | NA[ ]  | Yes[ ]  | No[ ]  |  |
| Instructional expectations were clear and attainable | NA[ ]  | Yes[ ]  | No[ ]  |  |
| Activities were directly related to course objectives | NA[ ]  | Yes[ ]  | No[ ]  |  |
| Instructor is in compliance with *Code of Teaching Responsibilities* | Yes[ ]  | No[ ]  |  |
| Instructor refrains from using sexist, racist, and/or gender preference terms | Yes[ ]  | No[ ]  |  |

|  |  |
| --- | --- |
|  | *Poor..……. Excellent* |
| Overall, the instructor created an engaging learning experience during the observed class session? |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1[ ]  | 2[ ]  | 3[ ]  | 4[ ]  | 5[ ]  |

 |
| **Additional observer comments:**  |
| **Instructor’s main strength(s):**  |
| **Suggestions for Improvement:**  |

|  |  |
| --- | --- |
| **Re-evaluation by faculty of record desired:** [ ]  | **Re-evaluation by instructor desired:** [ ]  |

**Instructor’s self-evaluation, response to evaluation, and plans for improvement.**

|  |
| --- |
| **Instructor’s self-evaluation of the class:****Instructor’s response to IOR Evaluation:****Instructor’s plans for improvement:** |

For the reviewer and the instructor, please sign to indicate that the evaluation was discussed by both parties.

**Instructor Signature:**

**Evaluator Signature:**

