NON-CLASSROOM OBSERVATION/INFORMATION REPORT FORM

Faculty/Tenure Candidate	College	Semester		Academic Ye
Course Name/Number (if applicable)		Lecture	Lab	Time
Observer		Date(s) of Observation		
e: Any information used or consider classroom observations and stu rvation; b) based on the following ies Manual); and c) timely docume	ndent evaluations must be: a) ng four criteria (listed below) from firsthan and on pgs 1-4	d knowle 4 of the F	edge or person aculty Evaluat
se provide direct knowledge or Knowledge Base	mornation on any or the it		Citteria.	
Application of Knowledge Ba	se			

3. Motivation and Interpersonal Skills					
4. Professional Responsibilities					
SIGNATURES					
Observer/Information Provider	Date				
Faculty/Tenure Candidate	Date				

The faculty member's/tenure candidate's signature on this form does not constitute acceptance of this evaluation. The faculty member/tenure candidate has the right to append their own written comments.