**Classroom Observation**

**Summary Feedback Template**

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| Instructor: |  | Date: |  |
| Course No.: |  | Time: |  |
| Course Title: |  | Course Level: |  |
| Reviewer: |  | No. Students: |  |

Please indicate type of class observed: [in person on the ground; fully online; remote synchronous observation only; remote review of synchronous and asynchronous content]

1. Provide a summary of what went well in the class with attention given to the categories outlined on the observation checklist.
2. What suggestions, if any, do recommend?