

TEACHING MATERIALS CHECKLIST

Name of Instructor _____

Course _____ Semester _____ Year _____

Listed below are observable characteristics of effective teaching materials. The observer should check the appropriate blank for each characteristic. YES, NO, NI (need improvement), and NA (not applicable).

Observable Characteristics	YES	NO	NI*	NA**
I. Course Outline/Information Sheet	_____	_____	_____	_____
1. Reflects information contained in the department syllabus.	_____	_____	_____	_____
2. States course objectives clearly.	_____	_____	_____	_____
3. Provides a tentative (weekly/daily) schedule listing topics to be covered, reading assignments, and test dates.	_____	_____	_____	_____
4. Clearly states the grading procedures for the course.	_____	_____	_____	_____
5. List the prerequisites for the courses.	_____	_____	_____	_____
6. States text and all other materials required for the course, including lab materials.	_____	_____	_____	_____
7. Provides adequate instructor information (Phone number, office hours, etc.)	_____	_____	_____	_____
8. States pertinent college policies and policies/rules specific to this course/instructor.	_____	_____	_____	_____
9. Provides information on accommodations for disabled student.	_____	_____	_____	_____
II. Assignments	_____	_____	_____	_____
1. Are appropriate for course level and challenging to students.	_____	_____	_____	_____
2. Have reasonable time allotted for student to accomplish.	_____	_____	_____	_____
3. Reflect course objectives.	_____	_____	_____	_____
4. Involve "Hands-On" in the laboratory as well as observations.	_____	_____	_____	_____
III. Exams and Quizzes	_____	_____	_____	_____
1. Represent material covered in course and lecture and assignments.	_____	_____	_____	_____
2. Reflect course objectives.	_____	_____	_____	_____
3. Consist of clearly written instructions and questions.	_____	_____	_____	_____
4. Are of appropriate length so students finish in allotted time.	_____	_____	_____	_____
5. Are of adequate number for the length of the course.	_____	_____	_____	_____

Comments:

Area of strengths and originality: _____

Area of further development: _____

Division Chairperson or Observer

Date

This report has been discussed with me and I understand that a copy is available to me. My signature does not mean that I concur with, or object to the contents of this document. It means only that I have had the opportunity to read the evaluation document.

Instructor

Date

NA* = not applicable

NI** - needs improvement