

QUEENSBOROUGH COMMUNITY COLLEGE
The City University of New York

TEACHING OBSERVATION REPORT

Department _____

(Conducted at least once during each academic semester for each non-tenured or non-certificated member of the teaching staff; tenured and certificated members of teaching staff may be observed once each semester. For **adjunct faculty and full-time faculty members**, the teaching observation and record of discussion should be sent directly to the Office of Faculty and Staff Relations.)

Employee Observed Rank of Employee Observer

Course Section Location (Room) Time Date

OBSERVATION REPORT:

- The observation was deemed satisfactory.
- The Observation was deemed unsatisfactory

Signature of Observer

Date of Report

Copy given to Observed Employee
(Date and Initials of Chairperson)

Initials of Observed Employee

QUEENSBOROUGH COMMUNITY COLLEGE
The City University of New York

**RECORD OF DISCUSSION OF OBSERVATION
AT POST-OBSERVATION CONFERENCE**

Department _____

(Conference to be scheduled by department chairperson to be held within two weeks after receipt of written teaching observation report. For **adjunct faculty and full-time faculty members**, the record of discussion should be attached to the Teaching Observation and sent directly to the **Office of Faculty and Staff Relations**)

Present at Post-Observation Conference:

- 1. _____
Employee Discussed _____
Rank of Employee
- 2. _____
Observer _____
Date of Discussion
- 3. _____
Assigned Senior Faculty or P & B Member _____
Date Submitted to Chairperson

Memorandum of Discussion:

Signature of person who prepared above report

Date report signed

I certify that I have requested, and have received this date, a copy of the above memorandum. I understand that my signature shall not be deemed to constitute my approval of the contents of the memorandum.

Signature of Observed

Date