



Teaching Assistant Evaluation Form BIP/Activity Courses

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Instructor _____ Advisor _____ Date _____

KIN _____ Section _____ Title _____ Class Size _____

Location _____

Topic/Activity _____

Scheduled start time _____ Actual start time _____ Scheduled end time _____ Actual end time _____

1. These items are to be completed as you observe them in the sequence of the lesson. The right column is provided for your comments and descriptions.

Category	Comments
Instructor dress	
Attendance procedure	
Introductory activity	
Instructional activity	
Lesson summary	

2. Circle the number that best identifies the teaching assistant's level of ability in each of the categories listed below. The right column is provided for your comments and descriptions.

Category	Weak ... Strong	Comments
Interest displayed in the content of the lesson (enthusiasm or energy put into instruction, feedback, etc.)	1 2 3 4 5	
Interest displayed in the students and their learning (supervision of practice, control, helpfulness)	1 2 3 4 5	
Self confidence	1 2 3 4 5	
Lesson sequence (development, topical, chronological, etc.)	1 2 3 4 5	
Student participation and involvement in learning activities (note taking, practicing, asking questions, etc.)	1 2 3 4 5	
Management (minimum time lost for attendance, material distribution, AV set-up, transitions, etc.)	1 2 3 4 5	
Individualization (practice, cue selection, accommodating interests, amount of feedback)	1 2 3 4 5	
Feedback/analysis of performance (positive, timely, followed by corrective input)	1 2 3 4 5	
Flexibility (instruction altered based on results)	1 2 3 4 5	
Instructional cues (clear, accurate, focused on key points, a variety used)	1 2 3 4 5	

Visual aids, demonstrations and illustrations (clear, accurate, focused on key points, a variety used)	1	2	3	4	5	
Practice/assignments (focused on a limited number of outcomes, varied)	1	2	3	4	5	
Attentive to safety (minimum risk to participants)	1	2	3	4	5	
Instructor knowledge of activity	1	2	3	4	5	

3. Refer to the instructional materials that are in the teaching assistant file in Office 105 IM Sports Circle. It may be helpful to look through the file prior to your observation. The bottom row is provided for your comments and descriptions.

Category	Circle
Instructional materials were submitted prior to observation (syllabus, course packet, handouts, tests)	Yes No
Instructional intent, expectations, and key points were clear and attainable	Yes No
Learning activities were directly related to course objectives	Yes No
The instructor is in compliance with the <i>Code of Teaching Responsibilities</i>	Yes No
The instructor refrains from using sexist, racist, and/or gender preference terms	Yes No
Comments:	

4. Be sure to provide specific and reflective comments in this section. You should share your feedback and this completed form with the teaching assistant after the class you observed.

Category	Comment
Comment on at least one strength	
Comment on at least one weakness	
Cite at least one suggestion to improve instruction	
Additional comments	

5. To be completed by the Coordinator of Service Courses:

Category	Rating	Comments
Schedule was submitted and office hours were posted	Yes No	
Attended all scheduled staff meetings	Yes No	

Evaluator's signature _____ Date _____

Return this completed form to Office 134 IM Sports Circle

For office use: DISTRIBUTION Original – TA file in 134 IM Circle Copy 1 – Teaching Assistant
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