

TEACHING OBSERVATION NOTES

WISCONSIN NUTRITION EDUCATION PROGRAM

Nutrition Educator _____

Observer _____ Date _____

Site _____

Description of Setting (Home visit, adult group, etc.) _____

Topic Taught _____ Length of Class _____

Circle the number after each item that best describes the teaching you observed.

- Key:**
- N/A No chance to observe OR Not applicable
 - 1 Weak—Needs Much Improvement
 - 2 Some Improvement Needed
 - 3 Good
 - 4 Very Good
 - 5 Outstanding

Preparation

Lesson was based on the needs of participants	N/A	1	2	3	4	5
Educator was prepared to teach the lesson	N/A	1	2	3	4	5
The lesson plan focused on one main topic	N/A	1	2	3	4	5
Appropriate teaching aids were selected for the lesson	N/A	1	2	3	4	5
Planned lesson included follow-up of the previous lesson	N/A	1	2	3	4	5

Comments: _____

Identify one area of strength: _____

Identify one area for improvement: _____

Presentation

Lesson met teaching objectives	N/A		Yes	No		
Teaching objectives were shared with participants	N/A	1	2	3	4	5
Teaching techniques were appropriate for the participants and the topic	N/A	1	2	3	4	5
Subject matter was accurately and clearly presented	N/A	1	2	3	4	5
Lesson plan was followed in a flexible way to meet changed needs of the situation	N/A	1	2	3	4	5

Participants' questions were answered correctly or a promise was made to follow-up on question when answer was not known	N/A	1	2	3	4	5
Educator was sensitive to the participants' reactions and adjusted lesson accordingly	N/A	1	2	3	4	5
Educator used interactive teaching techniques	N/A	1	2	3	4	5
Participants identified desired behavior change with specific action steps	N/A	1	2	3	4	5
Educator evaluated the impact of the lesson	N/A	1	2	3	4	5

Comments: _____

Identify one area of strength: _____

Identify one area for improvement: _____

Overall Atmosphere

Educator conveyed respect and was sensitive to the participants' situation	N/A	1	2	3	4	5
Educator praised participants for accomplishments	N/A	1	2	3	4	5
Educator and the participants discussed the plans for the next visit including time and date	N/A	1	2	3	4	5

Comments: _____

Identify one area of strength: _____

Identify one area for improvement: _____

Additional Comments _____

Signature of Observer

Date

I have read this observation report.

Comments: _____

Signature of Nutrition Educator

Date

