DISTANCE EDUCATION COURSE/INSTRUCTIONAL MATERIALS
CHECKLIST FOR COURSE MATERIALS

Faculty Member: _______________________________________________________________

Year and Semester:_____________________________________________________________

Course Title and Section: ________________________________________________________

___ 1. Instructor's Name

___ 2. Course Title/Number

___ 3. General course description (according to College catalogue)

___ 4. All required texts, paperbacks, software, software capacity, specific handout including information on publisher, edition, version etc.

___ 5. Course topics and/or assignments and/or required and/or supplemental reading

___ 6. Teaching procedures (briefly describe)

___ 7. Instructional objectives (list)

___ 8. Basis for student grading

___ 9. Procedure (criteria) for evaluating student performance

___10. Tentative test schedule/assignment(s) schedule

___11. Interaction Plan

If any of the above are missing or if the evaluator has concerns, the unit member will be notified and given an opportunity to submit the missing materials and respond within fourteen (14) calendar days.

Evaluator’s Signature/Date: _________________________________
Form DE-2

Distance Education Course
Interaction Plan

This form is to be completed by the faculty of record. Students enrolled in this distance education course shall receive a copy of this completed form.

Course Title: ________________________________ Faculty: ________________________________

Telephone Number: ___________________________ Office Hours: ___________________________
(if any)

Mailing and/or Email Address: _______________________________________________________

Asynchronous Course [ ] Synchronous Course [ ]

Asynchronous: This form of distance education is characterized by an emphasis on “learning on demand” or “as needed communication” between students and faculty from multiple locations at times convenient to participants.

Synchronous: This form of distance education entails the use of live, two-way communication among and/or between students and faculty in a scheduled or “fixed” point(s) of time(s), much like classroom-based instruction.

This course may include, but not be restricted to, the following interactions:

1. in person meetings [ ] [ ]
2. telephone interactions [ ] [ ]
3. electronic interactions (email, internet …) [ ] [ ]

If yes, dates, times, places are to be specified.

Students are required to engage in the following interaction(s) for successful completion of this course:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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Please read first: The purpose of this form is to evaluate your instructor’s performance. Please read each statement carefully and then indicate your rating by placing a check mark under the response you have chosen.

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<tbody>
<tr>
<td>1. How well did the course meet the published course description?</td>
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<td>2. How well were the instructional objectives of the course explained?</td>
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<td>3. To what extent were the instructional objectives accomplished?</td>
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<td>4. How well was the course organized?</td>
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<td>5. How well prepared was the instructor?</td>
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<td>6. How effectively did the instructor use the technologies in this course?</td>
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<td>7. How well do you think the instructor had a grasp of his/her subject matter and related fields?</td>
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<td>8. To what extent did the instructor stimulate thinking or relate course concepts in a systematic manner?</td>
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<td>9. To what degree did the instructor provide an opportunity for student questions?</td>
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<td>10. How well did the instructor respond to student questions?</td>
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<td>11. How timely was the instructor’s response to student questions?</td>
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<td>12. To what degree were students encouraged and given the opportunity to interact with other students?</td>
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Form DE-3 Page 2

13. To what degree were students encouraged and given the opportunity to interact with the instructor? ___ ___ ___ ___ ___ ___

14. To what degree did the instructor return assignments and tests in a timely fashion? ___ ___ ___ ___ ___ ___

15. How fair was the instructor's method of evaluation of student performance? ___ ___ ___ ___ ___ ___

16. How closely did the instructor's method of evaluating student performance conform with the course syllabus? ___ ___ ___ ___ ___ ___

17. To what extent did the instructor assist you with the course materials when help was requested? ___ ___ ___ ___ ___ ___

18. To what extent was the instructor available at scheduled times? ___ ___ ___ ___ ___ ___

19. How effective overall were the course materials? ___ ___ ___ ___ ___ ___

20. How well did the technology perform? ___ ___ ___ ___ ___ ___

21. How well prepared were you at the beginning of this class for the technology used in this course? ___ ___ ___ ___ ___ ___

22. How comfortable are you now with the technology used in this course? ___ ___ ___ ___ ___ ___

23. To what degree do you think the technology used in this course was effective in achieving the course objectives? ___ ___ ___ ___ ___ ___

Would you take a distance education course from this instructor again?

Circle: Yes No

Comments (print legibly):

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Sign: ___________________________________ Date: _________________________

Distance Education Evaluation of Instructor
MASSACHUSETTS COMMUNITY COLLEGE SYSTEM
PROCESS FOR DISTANCE EDUCATION/INSTRUCTIONAL OBSERVATION
FOR ASYNCHRONOUS COURSES ONLY

Instructor: _______________________________________________________
Evaluator: ____________________________ Title: ________________________
Campus: __________________________________________________________________
Department: __________________________________________________________________

Class to be observed:

Course: ____________________________ Pre-Conference:
Date: ____________________________ Date/Time:
Time: ____________________________ Post-Conference:
Room: ____________________________ Date/Time:

Describe the method of observation for addressing each of the questions below:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Initials of Observer: __________ Initials of Instructor: __________

1. Relationship of class content to instructional objectives of course:

2. Appropriateness of instructor’s teaching methods to attainment of the stated instructional objectives:

3. Effectiveness of the instructor’s teaching methods:

4. Instructor’s ability to develop and maintain appropriate student interest:

5. Instructor’s ability to organize and present course content and materials:

6. Instructor’s ability to respond to student questions:
Evaluator’s summary of instructional performance:


Faculty member’s comments (if any):


I have read and received a copy of this evaluation:

____________________________________  ______________________________________
Evaluator Faculty Member

Date: ______________________________  Date: ________________________________

If this faculty member wishes to respond to this evaluation, he/she must do so within seven (7) days.