**Observation Feedback**

**Course Information:**

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| Instructor:  | Observer (your name): |
| Observation Date: | 🞏 Physical Classroom / 🞏 iSpace Course |
| Open Classroom Title: |
| Course Title: |
| Focus of Observation (aspect of teaching & learning): |

1. **How was the focused aspect of teaching and learning practice related to the whole learning experience in the session?**
2. **What were the strengths about the focused aspect of teaching and learning practice? Do you have any suggestions for further improvement?**
3. **Overall, what have you gained from observing this open classroom session? What practices could be applied to your own teaching?**
4. **Please provide any other observations or comments you’d like to share regarding this open classroom session.**

Please email the completed form to Ms. Arie Jin at ariexjin@uic.edu.cn within one week after the observation. Thank you!