Summary of Peer Evaluation of Teaching

Instructor: Class:

Evaluator: Observation Date:

Number of students in room:

Number of students enrolled:

Pre-Evaluation Information:

Prior to the classroom observation, both the instructor and evaluator should review the most recent peer review. The instructor should fill out (a) and (b) below and provide it to the evaluator prior to the classroom observation.

1. **Developmental activities since last review (e.g., attended TEP workshop, conducted midterm evaluation of teaching, solicited developmental peer review, made specific changes in response to previous review (list examples), etc.):**
2. **Specific areas of focus for feedback during current review:**

Evaluation:

**Successful Elements:**

Content Mastery *(e.g., Instructor command of subject; Main ideas are clear and specific; Sufficient variety in supporting information; Main ideas are relevant and current; Use of real world and illustrative examples; Rigor of material appropriate for level of course)*

Teaching Methods and Materials *(e.g., Overheads/chalkboard content clear & well organized; Visual aids can be easily read; Instructor provided an outline/handouts; Introduction captured attention and outlined lecture; Effective transitions (clear w/summaries); Clear organizational plan; Volume sufficient to be heard; Concluded by summarizing main ideas; Rate of delivery was appropriate; Reviewed by connecting to previous classes; Previewed by connecting to future classes; Confident & enthusiastic; Appropriate course materials)*

Learning Environment *(e.g., Instructor engages students with questions at appropriate frequency and at different levels; Sufficient wait time for responses; Students comfortable asking questions; Instructor feedback was informative; Good rapport with students; Student engagement conducive to learning; Respectful and inclusive classroom environment)*

**Areas to Refine:**

Content Mastery

Teaching Methods and Materials

Learning Environment

**Overall Comments and Recommendations for Improvement:**

Signed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Member (Instructor) Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Peer Evaluator Date