**Peer Evaluation Form For Classroom Visits**

Course # / Name: Time: Location:

Class Description: □ Case-based

□Lecture □Experiential – exercise or problem-solving based

□Other

Instructor’s name: Observer’s name:

Date of observer’s visit:

Students Numbers: # Registered;

 # In Attendance;

 # Arrived Late

**Class started on time?** □ Yes

□No (If a late start, how late? minutes)

**#**

**Attributes**

**Strongly Disagree**

**Strongly Agree**

1.

Evidences appropriate class-plan preparation

1

2

3

4

5

N/A

2.

Summarizes key objectives (beginning) or take-aways (end) of class

1

2

3

4

5

N/A

3.

Presents material in a well-organized fashion

1

2

3

4

5

N/A

4.

Employs presentation methods (e.g., AV, board) effectively

1

2

3

4

5

N/A

5.

Manages subject matter transitions and class pace successfully

1

2

3

4

5

N/A

6.

Motivates the importance of subject matter

1

2

3

4

5

N/A

7.

Articulates concepts and ideas clearly

1

2

3

4

5

N/A

8.

Demonstrates knowledge/expertise about the subject matter

1

2

3

4

5

N/A

9.

Uses examples, cases or other illustrative materials effectively

1

2

3

4

5

N/A

10.

Relates subject matter to other relevant subjects or disciplines

1

2

3

4

5

N/A

11.

Cites relevant literature, other supporting references as necessary

1

2

3

4

5

N/A

12.

Shows enthusiasm about subject matter

1

2

3

4

5

N/A

13.

Knows and engages students as individuals

1

2

3

4

5

N/A

14.

Holds student attention throughout class

1

2

3

4

5

N/A

15.

Encourages a non-threatening learning environment

1

2

3

4

5

N/A

16.

Seeks student participation/questions/reasoning

1

2

3

4

5

N/A

17.

Welcomes the exchange of ideas and opinions

1

2

3

4

5

N/A

18.

Attentive to student difficulty or confusion

1

2

3

4

5

N/A

19.

Attentive to classroom distractions and responds correctively

1

2

3

4

5

N/A

20.

Is professional in appearance and conduct

1

2

3

4

5

N/A

**Particularly Impressive:**

**Scope for Improvement:**