**Peer Observer Evaluative Report**

Faculty Member Observed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course Observed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  | Not | Needs | Satis- | Done | Truly |
| **CONTENT** | Applicable | Improvement | factory | Well | Exemplary |
| 1.      Presented main ideas clearly | NA | NI | S | DW | TE |
| 2.      Called for higher order thinking of students | NA | NI | S | DW | TE |
| 3.      Clearly stated class objectives | NA | NI | S | DW | TE |
| **ORGANIZATION** |  |  |  |  |  |
| 4.      Was prepared for class | NA | NI | S | DW | TE |
| 5.      Used clear, effective transitions with summaries | NA | NI | S | DW | TE |
| 6.      Used instructional time well | NA | NI | S | DW | TE |
| **CLASSROOM INTERACTIONS** |  |  |  |  |  |
| 7.      Facilitated students’ active engagement/participation in learning | NA | NI | S | DW | TE |
| 8.      Used and responded to questions effectively | NA | NI | S | DW | TE |
| 9.      Was responsive to verbal and nonverbal feedback from students | NA | NI | S | DW | TE |
| 10.   Treated students with respect | NA | NI | S | DW | TE |
| **EFFECTIVE COMMUNICATION** |  |  |  |  |  |
| 11.   Was confident and enthusiastic | NA | NI | S | DW | TE |
| 12.   Used appropriate pace of delivery | NA | NI | S | DW | TE |
| 13.   Demonstrated effective presentations skills | NA | NI | S | DW | TE |
| 14.   Used clear articulation and pronunciation | NA | NI | S | DW | TE |
| 15.   Effective visual communication | NA | NI | S | DW | TE |
| **ACTIVE LEARNING (LABS)** |  |  |  |  |  |
| 16.   Careful safety supervision is obvious | NA | NI | S | DW | TE |
| 17.   Encourages teamwork | NA | NI | S | DW | TE |
| 18.   Appropriate guidance to understand results | NA | NI | S | DW | TE |
| 19. Facilitates correlation to theory and/or fundamental concepts | NA | NI | S | DW | TE |

1. **Content/Learning Objectives:** (Are objectives for the class given verbally or in writing? Are main ideas clear and relevant? Does instructor promote higher order thinking skills? Are new ideas connected to students’ prior knowledge?)
2. **Organization and Preparation for Class Session:** (Is the instructor prepared for class? Does the instructor use clear, effective transitions with summaries? Is instructional time used well?)
3. **Classroom interactions and educational climate:** (Are students and instructor interested and enthusiastic? Did instructor encourage participation and engage students? Was instructor responsive to questions and feedback?)
4. **Effective Verbal Communication:** (Is the delivery paced appropriately? Can the instructor be seen and heard? Are explanations clear to students? Are examples, metaphors, and analogies appropriate? Is instructor confident and enthusiastic? Does the instructor use adequate eye contact with students? Does the instructor use clear articulation and pronunciation? Does the instructor avoid using distracting mannerisms and language?
5. **Effective Visual Communication:** (Does instructor use instructional support effectively (i.e. document camera, computer, etc.)? Is board writing large and legible? If applicable, does the instructor’s presentation style facilitate note taking?)
6. **Active Learning (Labs):** (Does instructor clearly explain lab objectives and procedures? Is safety supervision obvious? Are problems or accidents promptly attended to? Does instructor engage in discussion with groups and encourage group discussion regarding results?)
7. **Additional Comments:**

Faculty Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Peer Observer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Peer Observer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_