**PEER OBSERVATION REPORT FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Peer Observation of Teaching Documentation Form**

**Name & Title of Faculty Member Being Observed:­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Course Number & Title:­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name and Title of Observer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Consultation Meeting (Pre-Observation):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Debriefing Meeting (Post-Observation):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Observer Reviewed Course Material: \_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_No**

**Signature of Faculty Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_**

**Signature of Observer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_**

**POLS \_\_\_\_\_\_\_: NAME OF COURSE:**

Pre-observation meeting:

Classroom Observation:

* **Does the instructor clearly define and explain the course objectives and expectations?**
* **Is the instructor prepared to teach for each instructional activity?**
* **Does the instructor communicate information effectively?**
* **Does the instructor encourage students to take an active role in their own learning?**
* **Is the instructor available to students, either electronically or in person?**

Review of course material: