

## Peer Evaluation Form

Instructor: \_\_\_\_\_

Course Number and Section \_\_\_\_\_

Semester \_\_\_\_\_

Evaluator's Printed Name \_\_\_\_\_

Evaluator's Signature \_\_\_\_\_

Date \_\_\_\_\_

Based on this classroom evaluation, comment on the following areas.

1. The instructor's preparation for the course.
2. The clarity and organization of the instructor's presentation.
3. Student engagement in the class.

4. The instructor's use of class time.

5. The appropriateness of the level at which the instructor is teaching the course. Comment on academic standards, realistic expectations, ease or difficulty of materials, etc.

6. Additional comments and/or suggestions for improvement. (Feel free to attach additional pages.)