

### Peer Review of Teaching Form

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

Course Name and Number: \_\_\_\_\_

Course Location: \_\_\_\_\_

Date and Time of Peer Evaluation: \_\_\_\_\_

Name of Peer Evaluator: \_\_\_\_\_

Yes	No	Instructional Competencies
		1. Did instructor begin class on time?
		2. Was the instructor well-prepared for class?
		3. Was the course outline detailed and informative?
		4. Did the instructor provide students with the opportunity to ask questions?
		5. Were student answered clearly and completely?
		6. Did the instructor provide adequate opportunity for student participation?
		7. Was the course instruction relevant, accurate, and engaging?
		8. Were supplementary instructional materials (audio/video/power point/hand outs/etc.) appealing and up-to-date?
		9. Were multiple learning modalities exercised in the instruction?
		10. Were students encouraged to use higher-order thinking to process course material?

Please feel free to attach a separate page of comments to this form.