Andrews University Department of _____

FACULTY PEER EVALUATION – 2017-18

Faculty Member Being Evaluated:	Date:
Course # & Title:	□ Lecture □ Lab □ Tutorial
Peer Evaluator:	

DIRECTIONS: Visits must continue to be made until the evaluator has appropriately assessed each item on this form. The evaluator and the evaluatee will then meet to review and summarize the visit(s).

and summarize the visit(s).					
		Detracted from Instruction			Enhanced Instruction
Instructional Set					
 Introduced session content 	1	2	3	4	5
2. Established mood and climate	1	2	3	4	5
3. Motivated students to learn	1	2	3	4	5
4. Related utility of skill	1	2	3	4	5
5. Established a knowledge base	1	2	3	4	5
6. Stated class/lab period objectives clearly	1	2	3	4	5
Learning Techniques					
7. Clarified terminology	1	2	3	4	5
8. Presented major & supporting concepts	1	2	3	4	5
9. Used visuals, examples, illustrations	1	2	3	4	5
10. Used emphasis techniques	1	2	3	4	5
11. Used notes but allowed for eye contact	1	2	3	4	5
12. Responded to student feedback	1	2	3	4	5
13. Evaluated student understanding	1	2	3	4	5
Classroom Presentation					
14. Was organized	1	2	3	4	5
15. Showed good quality of delivery	1	2	3	4	5
16. Encouraged attentiveness of students	1	2	3	4	5
18. Encouraged students to think	1	2	3	4	5
19. Allowed time for class discussion	1	2	3	4	5
20. Made effective use of class time	1	2	3	4	5
Instructor Tactics					
21. Showed an appropriate level of enthusiasm	1	2	3	4	5
22. Knew if the students were bored or confused	1	2	3	4	5
23. Was aware of student needs	1	2	3	4	5
24. Gave opportunity for questions	1	2	3	4	5
25. Gave appropriate responses to questions	1	2	3	4	5
Related course material to real-life situations where appropriate	1	2	3	4	5
27. Demonstrated Christian behavior	1	2	3	4	5

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	Detracted from Instruction		Neutral		Enhanced Instruction	
Closure						
28. Introduced no new material	1	2	3	4	5	
29. Summarized major points	1	2	3	4	5	
30. Provided sense of achievement	1	2	3	4	5	
 Related to class/lab period objectives for cohesion 	1	2	3	4	5	

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Worst Possible 1 2 3 4 5 6 7 8 Best Possible

33. Strengths of Session

34. Suggestions for Improvement

Signature acknowledges peer review and summarization of visit between evaluator & evaluatee

Evaluator Signature

Date

Date