**Peer Faculty Teaching Observation Report**

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| Faculty Member Name and Department: | | | | | |  | | | | | | | | | | | |
| Evaluator Name, Title and Department: | | | | | |  | | | | | | | | | | | |
| Signature of Faculty Evaluator: | | | | | |  | | | | | | | | | | | |  | | | |
|  | |  | | | | |  | | | | | | | | |  | | | | |
| Full Name of Course: | |  | | | | | | | Course Dept. and Number: | | |  | | | | | | |
|  | |  | |  | | | | | | | | |  | | | |
| Date of Observation: | |  | | | | | | | | Time of Observation: | | | |  | | | | | |
|  | |  | |  | | | | | | |  | | | | | |
| Location: |  | | | | Number of Students in Attendance: | | | | | | |  | | | | | | |
|  | | | | | | | |  | | | | | | |  | | | | | |
| Class Enrollment: | | | 25 or fewer  26 to 50  51 to 100  over 100 | | | | | | | | | | | | | | | | | |
|  | | | | | | | |  | | | | | | | | | | | | |
| Comments (including type of teaching being observed, extent and nature of class interaction, and a critical evaluation).  If you wish to use a rating scale, please define each rating point.  You may attach an additional or separate document. | | | | | | | | | | | | | | | | | | | | |