

Peer Faculty Teaching Observation Report

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.