**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 # :  |       |
|  |  |  |  |
| Date of Observation: |       | Time of Observation: |       |
|  |  |  |  |
| Location: |       | # 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.* |