**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.* | | | | | | | | | | | | | | | | | | | | |