

## Subject Area Peer Class Visitation Transmitted to Department Chair

**Faculty Member:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Course:** \_\_\_\_\_

The Subject Area Review Committee/person completes the evaluation and transmits it to the department chair. The evaluation should include appropriate written comments describing faculty member's strengths and weaknesses on the criteria, as well as summary comments.

CRITERIA	NA	1 Poor	2 Fair	3 Satisfactory	4 Very Good	5 Exceptional
<b>Communication:</b>						
Audibility						
Clarity (language, questions)						
Use of visual aids (e.g., PowerPoint clarity, videos, web sources)						

Comments: \_\_\_\_\_

**Contact:**

Encourages students to ask questions and participate in class discussions						
Stimulates student critical, analytical and creative thinking ability						
Handles questions from students well						
Leads discussions effectively						
Demonstrates professionalism when interacting with students						
Conveys clear class session expectations						

Comments: \_\_\_\_\_

**Classroom Dynamics:**

Preparation (effective use of class time, organization of subject presentation)						
Currency and relevance of material presented						
Course design and organization (clear objectives, appropriate content and workload)						
Level of innovativeness to create a variety of learning opportunities						
Mastery of knowledge in the subject						
Enthusiasm to teach subject matter						

Comments: \_\_\_\_\_

**Student Participation (as applicable):**

In-class activities (e.g., group work, simulations, business scenarios)						
Class discussions						
Activities that promote active learning/student participation						

Comments: \_\_\_\_\_

**Overall Teaching Effectiveness:**

Please provide any additional comments concerning your evaluation.

**Peer Review Faculty Member:** \_\_\_\_\_

**Date:** \_\_\_\_\_