**Subject Area Peer Class Visitation**

**Transmitted to Department Chair**

**Faculty Member: Department: Course:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **CRITERIA** | NA | 1Poor | 2Fair | 3Satisfactory |  4Very Good |  5 Exceptional |
| **Communication:** |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |  |  |  |  |  |  |

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.