

**PEER EVALUATION FORM**  
Department of \_\_\_\_\_

**Instructor evaluated:**

**Course:**

**Room No.:**

**Date/Time:**

**Evaluator:**

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<u>Rating Scale</u>	1 - Superior	2 - Very Good	3 - Good	4 - Adequate	5 - Poor
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**A) Organization and pace of the lecture:** \_\_\_\_\_

**B) Clarity of presentation, including clarification and elaboration where necessary:** \_\_\_\_\_

**C) Use of appropriate examples, illustrations or visual aids:** \_\_\_\_\_

**D) Opportunity for students to ask questions (students encouraged to get involved):** \_\_\_\_\_

**E) Response to student's questions: accurate, clear, enthusiastic response:** \_\_\_\_\_

**F) Respectful treatment of students; Attitude to students; Rapport with students:** \_\_\_\_\_

**G) General classroom atmosphere:** \_\_\_\_\_

Evaluator Signature: \_\_\_\_\_