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|  | **UNIVERSITY OF ENGINEERING AND TECHNOLOGY, PESHAWAR**  **FACULTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **DEPARTMENT OF** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Peer Evaluation Form**

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| 1. **COURSE / FACULTY INFORMATION** | |
| Name of Peer / Observer |  |
| Name of Teacher |  |
| Subject / Course |  |
| Name of Topic |  |
| Year / Semester |  |
| Type of Session to be Observed (Please Tick One) | * Lecture * Laboratory * Tutorial |

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| 1. **CLASS INFORMATION** (to be completed by the Teacher before the session to be observed) | |
| Number of Students |  |
| Length of Session / Class |  |
| Length of Observation |  |
| Class / Lab Number |  |
| Date / Time/ Day of Session |  |

1. **EVALUATION OF TEACHING SKILLS / ATTRIBUTES** (To be completed by the Peer/Observer)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Teaching Skills / Attributes** | **1** | **2** | **3** | **4** | **5** |
|  | Outlines the aim and objectives of the topic |  |  |  |  |  |
|  | Links objectives of the topic with CLOs and PLOs |  |  |  |  |  |
|  | Links new material to previously learned concepts |  |  |  |  |  |
|  | Defines new terms clearly |  |  |  |  |  |
|  | Uses concrete examples or illustrations to clarify topic |  |  |  |  |  |
|  | Presents the content at an appropriate speed |  |  |  |  |  |
|  | Explains content with confidence |  |  |  |  |  |
|  | Presents the content in a logical sequence |  |  |  |  |  |
|  | Uses available teaching aids effectively |  |  |  |  |  |
|  | Communicates clearly using the medium of instruction |  |  |  |  |  |
|  | Develops a relationship of understanding with students |  |  |  |  |  |
|  | Stimulates students’ interest throughout the lecture |  |  |  |  |  |
|  | Encourages students for asking questions |  |  |  |  |  |
|  | Checks the students’ comprehension |  |  |  |  |  |
|  | Maintains eye contact with students |  |  |  |  |  |
|  | Summarizes key ideas at the end |  |  |  |  |  |
|  | Keeps within the time limit |  |  |  |  |  |
| **Total score:** | | | | | |  |
| Please tick 🗹 the number that corresponds closely to what you observed during the session.  **Excellent:** 90 – 100%, **Very Good:** 80 – 89%, **Good:** 65 – 79%, **Average:** 50 – 64%, **Needs Improvement:** Below 50%. | | | | | | |

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| 1. **SUMMARY AND AREAS FOR IMPROVEMENT** (to be completed by the Peer / Observer)   Please (i) summarize the overall quality of the session in relation to the *Course Learning Outcomes (CLOs), Knowledge of the Subject Matter, Organization of the Session / Lecture, Teaching Effectiveness, Students – Teacher Interaction, and Use of Teaching & Learning Recourses* and also, (ii) identify for the Teacher the areas/attributes he/she needs to improve.  **Note:** An additional sheet may be used as an attachment, if required. |
| 1. **FUTURE ACTION PLAN** (to be completed by the Teacher)   **Note:** An additional sheet may be used as an attachment, if required. |

Peer’s Name and Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature (with Date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Name and Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature (with Date): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Note:** Please submit this form to the concerned Chairman’s office after completing the peer evaluation process and also provide a copy of the form to the Teacher concerned.