



Peer Evaluation Form

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)	<ul style="list-style-type: none"><input type="checkbox"/> Lecture<input type="checkbox"/> Laboratory<input type="checkbox"/> Tutorial

2. 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	

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

	Teaching Skills / Attributes	1	2	3	4	5
1.	Outlines the aim and objectives of the topic					
2.	Links objectives of the topic with CLOs and PLOs					
3.	Links new material to previously learned concepts					
4.	Defines new terms clearly					

5.	Uses concrete examples or illustrations to clarify topic					
6.	Presents the content at an appropriate speed					
7.	Explains content with confidence					
8.	Presents the content in a logical sequence					
9.	Uses available teaching aids effectively					
10.	Communicates clearly using the medium of instruction					
11.	Develops a relationship of understanding with students					
12.	Stimulates students' interest throughout the lecture					
13.	Encourages students for asking questions					
14.	Checks the students' comprehension					
15.	Maintains eye contact with students					
16.	Summarizes key ideas at the end					
17.	Keeps within the time limit					
Total score:						
Please tick <input checked="" type="checkbox"/> 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%.						

5. 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.