# Department of Kinesiology and Integrated Physiology
## Peer Evaluation

### CLASS VISITATION

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<th>Instructor:</th>
<th>Class:</th>
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**Note to evaluator: Further detailed comments may be made by number below or on back.**

1. **Promptness**
   - 5: Early
   - 4: Inappropriate
   - 3: Late

2. **Non-verbal Communication**
   - Posture
     - 5: Excellent
     - 4: Poor
   - Dress
     - 5: Excellent
     - 4: Poor
   - Eye contact
     - 5: Excellent
     - 4: Poor

3. **Verbal Communication**
   - 5: Excellent
   - 4: Poor

4. **Instructional Organization**
   - 5: Excellent
   - 4: Poor

5. **Continued Instructor/Student Interaction**
   - 5: Excellent
   - 4: Poor

6. **Unique Class Features** (handouts, video, other in-class procedures, etc.):
   - 5: Excellent
   - 4: Poor

7. **Overall, this instructor was**
   - 5: Very Good
   - 4: Needs Improvement

**COMMENTS:**

Evaluator’s Name: ___________________________  DEPT: ___________________________

Evaluator’s Signature: ___________________________  DATE: ___________________________

*I understand that the contents of this review will be shared with the faculty member as part of the annual performance review and mentoring process. This document also may become part of the package of materials faculty assemble for reappointment reviews.*
Department of Kinesiology and Integrated Physiology
Physical Education Activity Class
Peer Evaluation – Fall 2018

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Instructor:       Class:

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Promptness

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<tr>
<th>Early</th>
<th>On-Time</th>
<th>Late</th>
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Instructional Organization:

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<tr>
<th>Organized</th>
<th>Unorganized</th>
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List at least two strengths:

List at least two things the instructor can improve on:

Overall, this instructor was

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<th>3</th>
<th>2</th>
<th>1</th>
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<tr>
<td>Very Good</td>
<td>Needs Improvement</td>
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COMMENTS:

Evaluator's Name:  DEPT:

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