

**Department of Kinesiology and Integrated Physiology  
Peer Evaluation**

**CLASS VISITATION**

Date:	Day:	Time:
Instructor:		Class:

*Note to evaluator: Further detailed comments may be made by number below or on back.*

<b>1. Promptness</b>	5	4	3	2	1
	Early				Late
<b>2. Non-verbal Communication</b>					
Posture	5	4	3	2	1
Dress	5	4	3	2	1
Eye contact	5	4	3	2	1
	Appropriate				Inappropriate
<b>3. Verbal Communication</b>					
	5	4	3	2	1
	Excellent				Poor
<b>4. Instructional Organization</b>					
	5	4	3	2	1
	Excellent				Poor
<b>5. Continued Instructor/Student Interaction</b>					
	5	4	3	2	1
	Excellent				Poor
<b>6. Unique Class Features</b> (handouts, video, other in-class procedures, etc.):					
	5	4	3	2	1
	Excellent				Poor
<b>7. Overall, this instructor was</b>					
	5	4	3	2	1
	Very Good			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**

**CLASS VISITATION**

Date:	Day:	Time:
Instructor:		Class:

***Note to evaluator: Further detailed comments may be made on back.***

<b>Promptness</b>	Early	On-Time	Late
<b>Instructional Organization:</b>	Organized	Unorganized	

**List at least two strengths:**

**List at least two things the instructor can improve on:**

<b>Overall, this instructor was</b>	5	4	3	2	1
	Very Good			Needs Improvement	

**COMMENTS:**

Evaluator's Name: \_\_\_\_\_ DEPT: \_\_\_\_\_

Evaluator's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

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