



Peer Performance Evaluation

Name: _____ Date: _____

Instructional Program or Discipline: _____

Evaluating Peer: _____

Status: ☐ Contract Year 1 ☐ Contract Year 2 ☐ Contract Year 3 ☐ Contract Year 4 ☐ Tenured

Class/Appt Visitation Date(s): _____ Time: _____

Specific Course Name _____

1. Plans for and is well-prepared to teach/counsel.

COMMENTS:

2. Provides organized and effective delivery of instruction/counseling.

COMMENTS:

3. Courteous to and approachable by students.

COMMENTS:

4. Demonstrates sensitivity to students from diverse backgrounds.

COMMENTS:

5. Able to relate with students and command their respect.

COMMENTS:

6. Stimulates student participation.

COMMENTS:

7. Instruction/Counseling is consistent with the stated and approved goals and content of the course/appt.

COMMENTS:

8. Shows enthusiasm for the subject matter.

COMMENTS:

9. Uses effective motivation to create student desire to learn the subject/skill(s).

COMMENTS:

10. Makes effective use of teaching/counseling aids and materials.

COMMENTS:

ADDITIONAL COMMENTS:

Signature of Evaluator: _____ Date: _____