

CALIFORNIA STATE UNIVERSITY, FRESNO

Kremen School of Education and Human Development

PEER REVIEW FORM

Faculty to be Reviewed: _____ Course # & Title: _____

Class Meeting Time: _____ Location: _____

Reviewer Name: _____ Department: _____

Date/Time of Observation: _____ Time Spent in Observation/Review: _____

*** Special Note for Reviews Conducted During Spring Semester 2020 after March 16, 2020 *** – The COVID-19 pandemic in Spring 2020 dramatically affected the CSU system. The suspension of in-person instruction; the cancellation of visual and performing arts events; the postponement or cancellation of co-curricular lectures and activities; the cancellation of athletics events; and, the closure or reduction in the service of libraries and counseling centers represent a profound disruption for faculty, staff, and students. Peer evaluation of the faculty member shall take into consideration the fact that this profound disruption has altered the mode in which the class is being offered and responses must be reflective of the situation under which the peer evaluation was conducted.

PART I – PEER REVIEW PREPARATION

To be completed by the faculty member under review prior to evaluation visit.

1. Briefly describe the course and provide the context of the lesson under review (attach a course syllabus and any web sites used in the course). Identify the lesson objective and goals.

2. Describe the audience in this course.

3. Describe one area in which the reviewer/colleague is to focus attention during the observation.

4. Is there any additional information that the reviewer/colleague should know before visiting your class?

PART II – OBSERVATION SECTION

To be completed by Reviewer/Colleague during observation.

Summary: Consider lesson subject matter preparation, organization, delivery, use of learning strategies, modeling of effective teaching modalities, ability to engage students in critical thinking, infusion of media/technology, and student/instructor rapport.

Strengths of Lesson Observed:

Constructive Suggestions/Questions:

Understandings Reached and Future Plans: *(completed at debriefing)*

Debriefing – Initials of both faculty: ___ / ___ **Date:** _____

Overall Scale: (check one): Very Good Lesson ___ Good Lesson ___ Adequate ___ Inadequate ___

Reviewer/Colleague Signature: _____ **Date:** _____

**FORM MUST BE SUBMITTED TO DEPARTMENT CHAIR WITHIN ONE MONTH AND
WILL BE PLACED IN YOUR OPEN PERSONNEL FILE**

Department Chair Signature: _____ **Date:** _____