SJSU Department of Hospitality, Recreation & Tourism Management

Peer Evaluation

Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Observation: \_\_\_\_\_\_\_\_

Please use the scale and space provided to convey your observations related to teaching effectiveness. In addition to your observation please review the syllabus for the course.

Poor 1,2,3 Good 7,8 NA = Not able to observe/assess

Fair 4,5,6 Excellent 9,10

|  |  |
| --- | --- |
| **Items for Evaluation** (note: evaluate 1st 4 items from syllabus) | **Rating** |
| Syllabus clearly communicates course requirements, objectives, grading standards, and policies. Comment: |  |
| Grading plan thorough, fair and in compliance with university policy. Comment: |  |
| Assignments, tests, quizzes, etc. appropriate. Comment: |  |
| 1. Course content appropriate. Comment:
 |  |
| 1. Instructor demonstrated mastery of subject. Comment:
 |  |
| Material presented was appropriately challenging. Comment: |  |
| Teaching style/presentation was appropriate and effective for activity/material presented. Comment: |  |
| 1. Efficient/appropriate organization and use of class time, facilities and equipment. Comment:
 |  |
| 1. Appropriate proportion of class time spent on instruction/skill development. Comment:
 |  |
| 1. Students were engaged and responsive to instructor. Comment:
 |  |
| 1. Atmosphere positive. Good student-faculty rapport. Comment:
 |  |
| Instructor encouraged appropriate student involvement in class. Comment: |  |
| 1. Instructor encouraged critical thinking and analysis. Comment:
 |  |
| 1. Instructor effective in response to viewpoints different from their own and/or other students. Comment:
 |  |
| 1. Overall Effectiveness. Comment:
 |  |

In what way did the instructor excel? What are his/her strong points?

Suggestions for reflection related to areas that could be strengthened:

Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Visit was:

❏ Scheduled

❏ Unscheduled

Faculty Evaluated:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_

Evaluation discussed with faculty observed following class visit?

❏ Yes

❏ No