Department of Chemistry
Report on
Peer Observer Classroom Visit

Instructor Visited:_____

Date(s) of Visit(s):_____

Course:_____

Section (or course hour):_____

Observer's Name: _____

All peer classroom visits in the Department of Chemistry may be documented using this form. Particular aspects of the visit are indicated with a check (√) below .

A. The observed instructor and the observer

___have held
___will hold a discussion of the observations made.
___will not hold

B. The observer ___did
___did not make use of the department guidelines for peer classroom visits.

C. Comments: Include here a brief description of the class and the pedagogy used. Indicate evidence that suggests whether the students were engaged and learning. Discuss any particular strengths of the class and any suggestions you have for the instructor.

Observer's signature :_____Date submitted to Chair:_____