

Faculty Teaching Observation Report Form

(for classroom, lesson and rehearsal observations)

(Evaluation team chair--please complete this form and return to the chair of the Peer Review Committee within one week of the observation)

Instructor: _____ Date: _____

Course Prefix: _____ Course Number: _____

Course Title: _____

Course Meeting Day/Time: _____

Number of Students Present: _____

Evaluators: _____