

APPENDIX G

Peer Review Form

You have the opportunity and are encouraged to offer your comments on the strengths of your peers as well as areas in which improvement would enhance effectiveness. Please use this form to offer your observations about any or all colleagues. Anonymous transcriptions of comments will be placed in the evidence folder of the faculty member. Forms that are not signed will not be considered by the department chair. Please return to the department chair by _____.

Name of colleague _____

Strengths and/or areas needing improvement in teaching effectiveness, scholarly activities, and service:

Comments:

Signature
(Use additional forms if needed)

Date