Instructor's signature: _____ Date: _____

PEER REVIEW (to be completed by peer reviewer)

Faculty Name: _____ Date: _____

Peer Reviewer Name: _____ Date: _____

INSTRUCTIONS FOR PEER REVIEW:

If the faculty member is on annual contract, he or she should request and secure at least one peer review for each evaluation cycle. For continuing contract faculty, the peer review should occur at least every third year. The peer reviewer should fill out the FACULTY PEER REVIEW FORM below prior to the faculty/supervisor meeting for evaluation.

Guidelines for choosing a Peer Reviewer:

- The peer reviewer has worked closely with the faculty member during the evaluation period.
- The peer reviewer has firsthand knowledge of the faculty member's performance in class (through conducting an instructional observation or being embedded in an online class), and/or
- The peer reviewer has firsthand knowledge of the faculty member's service to the college (serve on the same committee, worked on a search committee together, work together on any student centered activity or program, etc.).

3=Excellent	Meets all expectations and consistently exceeds expectations
2=Satisfactory	Meets expectations
1=Needs Improvement	Generally meets expectations, but needs an improvement plan as noted
0=Unsatisfactory	Does not meet basic expectations
NR=Not Rated	Not applicable and/or not observed

FACULTY PEER REVIEW FORM

1) The instructor exhibits a sensitivity to cultural differences.	3	2	1	0	NR
2) The instructor suggests other services that students may need (tutoring or advising).	3	2	1	0	NR
3) The instructor is available at set office hour times.	3	2	1	0	NR
4) The instructor attends and participates in department meetings.	3	2	1	0	NR
5) The instructor interacts well with other faculty and staff.	3	2	1	0	NR
6) The instructor is responsive to constructive feedback.	3	2	1	0	NR
7) The instructor participates in committees.	3	2	1	0	NR
8) The instructor maintains currency in professional knowledge through professional literature, professional memberships, workshops, conferences, or other activities.	3	2	1	0	NR

PEER REVIEW (to be completed by both the peer reviewer and the faculty member if comments are noted)

Faculty Name: _____ Date: _____

Peer Reviewer Comments:

Faculty Comments on Peer Review:

Signature of Peer Reviewer: _____ Date: _____

Signature of Faculty Member: _____ Date: _____