

OPTIONAL CHECKLIST FOR EVALUATORS

Peer Review Committee (PRC) for

Name of Evaluatee

Pre-Evaluation Meeting

Date: _____

Time: _____

Location: _____

Committee Members	Observations (1 course selected by evaluatee; 1 selected by PRC)	Student Evaluations? (at least 30 students or no more than 2 sections)
1. Member selected by evaluatee: _____ (committee chair? <input type="checkbox"/> Y <input type="checkbox"/> N)	<ul style="list-style-type: none"> • Course/Section: • Date: • Time: • Location: 	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Member selected by department: _____ (committee chair? <input type="checkbox"/> Y <input type="checkbox"/> N)	<ul style="list-style-type: none"> • Course/Section: • Date: • Time: • Location: 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Self-Evaluation due	Date:
Post-Evaluation meeting Part 1 (PRC only) to develop summary and portfolio	Date: Time: Location:
Post-Evaluation meeting Part 2 (with evaluatee)	Date: Time: Location: