

Lecturer Peer Review Form
The Ohio State University College of Medicine and Public Health

INSTRUCTOR: _____ DATE: _____

COURSE AND TOPIC: _____

EVALUATOR: _____

KEY: NI= NEEDS IMPROVEMENT EF= EFFECTIVE AS IS EX= EXEMPLARY NO= Not Observed

1. Preparation for lecture (faculty was well prepared for lecture)

COMMENTS

2. Rationale/orientation and objectives for lecture (faculty presented a rationale and or objectives for the lecture)

COMMENTS:

3. Interest, enthusiasm and rapport with the audience (faculty exhibited interest in his/her topic) **NI**

COMMENTS:

4. Organization of lecture material (faculty presented in an organized manner that was easy to follow) **NI**

COMMENTS:

5. Audiovisual and learning materials (teaching materials were clear, legible, of the right size and sufficient contrast to be read by the audience) **NI**

COMMENTS:

6. Handouts (if available, were easy to follow, clear, included important points of the lecture and were coordinated with the AV materials) **NI**

COMMENTS:

7. Observation of student reactions and interests (faculty maintained eye contact with audience and observed their reactions) **NI**

COMMENTS:

8. Pace and level of the lecture (was not too fast or slow and was at a level of understanding appropriate for the audience) **NI**

COMMENTS:

9. Asking and answering questions (faculty use rhetorical questions, encouraged audience Q&A, and repeated questions that were asked) **NI**

COMMENTS:

10. Use of examples (used examples, cases, problems, etc. to explain concepts) **NI**

COMMENTS:

11. Knowledge base (seemed knowledgeable about subject matter) **NI**

COMMENTS:

12. Overall lecturing quality (rate the overall quality of the lecturer) **NI**

STRENGTHS:

WEAKNESSES:

OVERALL COMMENTS: