

Niiwin Akeaa Campus
 111 Beartown Road
 Baraga, MI 49908
 Phone: (906) 353-4630
 Fax: (906) 353-8107



Wabanung Campus
 770 N. Main St.
 L'Anse, MI 49946
 Phone: (906) 524-8311
 Fax: (906) 524-8106

ONLINE CLASSROOM ASSESSMENT/PEER REVIEW FORM

Instructor _____ Date _____

Course Name and # _____ Semester _____

Reviewer Name _____

Instructional Setting _____

Rating Scale: 1= Opportunity for Improvement 2= Good 3= Excellent
 (Identify at least one area of opportunity for improvement)

Teaching Skills and Competencies	Rating
I. Communication Skills in Audio and Media Materials	
1. Has command of the language	
2. Expresses ideas clearly	
3. Speaks audibly and enthusiastically in a well-modulated voice	
4. Uses level-appropriate language	
II. Subject Matter Knowledge	
5. Demonstrates thorough knowledge of the subject matter	
6. Relates subject matter to other fields, the Native American tradition, or current issues	
7. Elaborates and expands upon textbook material	
III. Teaching Methods	
8. Organizes and presents subject matter clearly and systematically	
9. Uses appropriate teaching strategies and techniques, including a variety of media	
10. Arouses students' interest and encourages them to think for themselves	
11. Encourages student participation in class discussion	
12. Uses appropriate instructional aids to give concreteness to abstract ideas	
13. Challenges students with highly motivated assignments	
14. Elicits correct answers from students through skillful questioning	
IV. Classroom Management	
15. Keeps students engaged and focused on course-related content	
16. Maintains systematic and orderly classroom routine	
V. Instructional Materials	
17. Content of instructional materials was clear	
18. Handouts have a professional appearance	
19. Test, quiz, or assignment was fair and level appropriate	
VI. Course Organization	
20. The class began and ended on time with an appropriate break	

Average Score: _____

Commendations and Recommendations:

COMMENTS

Communication Skills:

Subject Matter Knowledge:

Teaching Methods:

Classroom Management:

Instructional Materials:

Course Organization:

Signature of Reviewer _____ **Date:** _____

Signature of Instructor _____ **Date:** _____

Signature of Academic Dean _____ **Date:** _____