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## IN-PERSON 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
<b>I. Communication Skills in Audio and Media Materials</b>	
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	
<b>II. Subject Matter Knowledge</b>	
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	
<b>III. Teaching Methods</b>	
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	
<b>IV. Classroom Management</b>	
15. Keeps students engaged and focused on course-related content	
16. Maintains systematic and orderly classroom routine	
<b>V. Instructional Materials</b>	
17. Content of instructional materials was clear	
18. Handouts have a professional appearance	
19. Test, quiz, or assignment was fair and level appropriate	
<b>VI. Course Organization</b>	
20. The class began and ended on time with an appropriate break	

Average Score: \_\_\_\_\_

**Commendations and Recommendations:**

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**COMMENTS**

**Communication Skills:**

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**Subject Matter Knowledge:**

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**Teaching Methods:**

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**Classroom Management:**

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**Instructional Materials:**

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**Course Organization:**

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**Signature of Reviewer** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Instructor** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Academic Dean** \_\_\_\_\_ **Date:** \_\_\_\_\_