

College of Sciences

Faculty Member Report of Peer Observation

Faculty Member Name: \_\_\_\_\_

Name of Peer Observer: \_\_\_\_\_

Name of Peer Observer: \_\_\_\_\_

Course Name: \_\_\_\_\_

Course Number: \_\_\_\_\_

Pre-Observation Date: \_\_\_\_\_

Date of Observation: \_\_\_\_\_

Date of Post-Observation: \_\_\_\_\_

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**Provide a narrative describing what you have learned from the peer observation process, noting any plans for improvement or development:**

Faculty Member Signature: \_\_\_\_\_

Date: \_\_\_\_\_