



CLAS LECTURER REVIEW FORM

Lecturer: _____ Department: _____

Reviewer name: _____ Review period: _____

I. **TEACHING.** Percentage of appointment devoted to teaching organized courses: _____

Number of organized courses taught in review period: _____ Total enrollments: _____

Please respond to questions below based on review of syllabus, course materials, and student evaluations of teaching.

Teaching	Yes	No	Comment (optional)
1. The lecturer's syllabi are well organized.			
2. Goals and objectives for the courses are appropriate.			
3. Tests assess the material taught in the class.			
4. Teaching evaluations are favorable.			
5. Teaching materials (e.g., textbook, readings, etc.) are appropriate for the courses taught.			
6. The courses demand an appropriate level of intellectual rigor for students.			
7. Grading criteria are clear.			
8. Lecturer is available to students for questions and other issues pertaining to the course.			

Reviewer's Comments on Teaching, including results of classroom evaluation:

(course observed: _____ date: _____)

II. SERVICE. Number of advisees (if any) _____

Please list other departmental service assignments for the review period:

.....S _____

Reviewer's Comments on Service (limit 500 characters):

II. PROFESSIONAL DEVELOPMENT. Please list activities during review period:

..... _____ (date) _____
_____ (date) _____
_____ (date) _____

Reviewer's Comments on Professional Development (limit 300 characters):

Signature of Reviewer

Date

Lecturer's Response (optional) (limit 500 characters):

Signature of Lecturer

Date