



**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**

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

\_\_\_\_\_  
**Signature of Lecturer**

\_\_\_\_\_  
**Date**