**UT Arlington Faculty Peer Review of Teaching**

**Pre-Observation Meeting (Face-to-Face Courses)**

*(This form shall not be included in the Faculty Member’s personnel file nor in any tenure and promotion dossier.)*

Faculty Member To Be Observed, including Rank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information (Email, phone, box number): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Pre-Observation Meeting: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meeting Time/Place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Course To Be Observed (Number and Title): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date, Time, Building, & Room Number of Class Meeting Peer Evaluator will Attend:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Type of Course (lecture, lab, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Should class be videotaped (optional)? \_\_\_\_\_\_\_\_\_ Do you have videotaping capabilities? \_\_\_\_\_\_\_

1. How may I access the syllabus for the course I will observe?
2. What are the goals for the class I will observe?
3. What are your plans for achieving these goals?
4. What teaching/learning activities will take place?
5. What have students been asked to do in preparation for this class? How may I access any required materials or readings?
6. Will this class be typical of your teaching style? If not, why?
7. Are there other things that I should be aware of prior to the observation?