

PEER REVIEW FORM
FACULTY OF HUMANITIES

Academic Year		Semester	
Course Code		Course Unit	
Lecturer		Topic of the Lesson	
Reviewer		Date and Time	

The following statements provide the reviewer to conduct an objective assessment of his/her peer under each 6 headings as stated below.

No	Indicator	Very Unsatisfactory	Unsatisfactory	Neutral	Satisfactory	Very Satisfactory
Learning outcomes						
01	Was it made clear to the students what they were expected to learn by the end of the session ?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning and organizing the session						
02	Introduced the session properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
03	Moved clearly through stages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
04	Emphasized the key points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
05	Summarized the session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delivery (pace, quality of voice, speech habits, use of non-verbal cues)						
06	Maintained appropriate pace/speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
07	Used gestures face/hands/body movements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
08	Could the lecturer be clearly heard: Voice/ repetition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of Examples						
09	Were examples or illustrations used whenever helpful to students to grab key points?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Interaction						
10	Did the lecturer find scope for interacting with students e.g. by giving opportunities for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	questions or comments, or by drawing upon student interest, concerns or experiences?					
Handouts, other materials and audio-visual aids						
11	Did the lecturer make appropriate use of handouts or other study materials? Accurate/relevant/ appropriate for the level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Were audio-visual aids used wherever needed in conveying the subject matter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

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Signature:

Date:

Name:

Designation:

Department: