Teaching & Learning Services Peer Observation Form

Instructor:	**Observer:**
Course:	**Date:**
Session Length:	**Location:**

Session Timeline: provide a breakdown of how much time was devoted to each portion of the session (introduction, brainstorming activity, database demonstrations, etc.)

Activity	Start Time	End Time

The above evaluation was reviewed and a conference held	
Date:	Time:
Signature of instructor observed	Signature of observer