

Teacher Evaluation Form - Peer

Nominee: _____

Institution: _____

Person submitting this form: _____

Title / Position: _____

Date: _____

Relative to other colleagues with whose teaching abilities and performance I am familiar, I would rate the nominee as follows (check appropriate boxes below):

Criterion	Best	Upper 10%	Upper 25%	Above Average	Below Average
Intellectual impact on students					
Intellectual impact on faculty					
Scholarship					
Concern for students					
Professional integrity					
Innovations in teaching					
Evidence of previous recognition					
Recognition by peers off-campus					
Overall rating as a teacher					

Additional remarks concerning the nominee's teaching ability (encouraged, instead of a formal letter):