

National Taiwan Normal University
Center for Teaching and Learning Development
Peer Review Feedback Form

| | | | |
|--------------|--|-------------------|--|
| Course Title | | Course Type | <input type="checkbox"/> Require <input type="checkbox"/> Undergraduate <input type="checkbox"/> Elective <input type="checkbox"/> Graduate |
| Reviewer | | Course Instructor | |

Pre-Observation Meeting

| | |
|---------------|---|
| Date/Time | <u>YYYY/MM/DD HH:MM</u> to <u>HH:MM</u> |
| Location/Tool | |
| Summary | |

Classroom Observation

| | |
|-----------|---|
| Date/Time | <u>YYYY/MM/DD HH:MM</u> to <u>HH:MM</u> |
|-----------|---|

Please comment according to the following 2 categories:

(1) Course content and teaching method. (2) Classroom communication and interaction.

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| Post-Observation Meeting | |
|---------------------------------|---|
| Date/Time | <u>YYYY/MM/DD HH:MM</u> to <u>HH:MM</u> |
| Location/Tool | |
| Summary | |

Reviewer's Signature: _____

Date: YYYY/MM/DD

