

Peer Evaluation Completion Affidavit

Faculty member requesting peer evaluation _____

Date of pre-evaluation conference _____

Date of classroom evaluation _____

Class evaluated _____

Date of post-evaluation conference _____

Date of written report _____

Name of observer _____

Signature of observer _____

Please read this statement and sign and date below:

I completed having a peer evaluate one of my courses as a part of the annual evaluation process.

Name _____ Date _____