## College of Nursing Christian Medical College and Hospital, Vellore – 4

### Peer Teaching Appraisal

Name of faculty:	Subject :	
	Class Topic:	
	Academic Year :	
	Course :	

<u>INSTRUCTION</u>: Please evaluate the instruction given in this particular class session using the following criteria and scale.

S.No.	CRITERIA	1	2	3	4	5	Rating	Score
1.	Major objectives of the class were made clear						1	
2.	Content was presented in a clearly organized manner						1	
3.	Instructional materials were appropriate for the class						1	
4.	Teaching methods were effective for the class.						1	
5.	Class time was effectively used.						1	
6.	Faculty member encouraged student participation especially critical thinking and analysis.						1	
7.	Presentation met class objectives						1	
8.	Faculty member valued different view points of her students						1	
9.	Summary of the content was clearly presented at the end of class						1	
10.	Discipline was well maintained						1	

CODE:

Total Marks: 50

- 1. Below average
- 2. Average
- 3. Good
- 4. Very Good
- 5. Excellent

1.	Streng	ths of presentation and provide comments on the following
	a.	Delivery
;	b.	A.V. Aids
	c.	Organization
	d.	Other
2. S	lugges	stions to improve teaching and provide comments on the following.
	a.	Delivery
	b.	A.V. Aids
	c.	Organization
	d.	Other
Remarks:		

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# FACULTY EVALUATION - Associate Professor / Professor

Name:	
Position:	

Head of Dept.:

ACTIVITIES	1	2	3	4	5	Rating	Score
1. TEACHING SKILLS							
1.1. Class Room Teaching						2.5	
1.2. Clinical Teaching						2.5	
2. MANAGEMENT SKILLS							
2.1. Hospital						2.5	
2.2. College						2.5	
3. CLINICAL SKILLS (Advanced Skills)						5	
4. PROFESSIONAL DEVELOPMENT							
4.1. Participation & Leadership in Professional Bodies (local, state &						1	
national) 4.2. Scientific presentations & publications						1	
5. RESEARCH WORK							
5.1. Independent & Collaborative						2	
6. Additional administrative / Leadership responsibilities at the College						1	

Total marks: 100

#### CODE:

- 1. Below Average
- 2. Average
- 3. Good
- 4. Very Good
- 5. Excellent

Remarks by Head of the Department:		
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	Signature of the He	ead of the Department & Date
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Remarks by the Faculty:		
remarks by the faculty.		
	Signature of	the Faculty & Date
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Dean's Signature with Date