

**Peer Evaluation Template: PRE-CLINICAL OR CLINICAL**

This form is to be completed during the review of instruction only as a means to take useful notes for a subsequent report. Try to assume a student perspective as you observe the pre-clinical or clinical session. Be as specific and objective as you can, so as to provide the most valuable feedback to the instructor. Note what the instructor does particularly well, as well as what might be done in the future to improve. Evaluate the most relevant Review Criteria below. All Review Criteria need not be addressed.

# Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Type: □ pre-clinical □ clinical Length of Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evaluation Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| **Pre-Clinical or Clinical Peer Review of Instruction** | |
| **Review Criteria** | **Reviewer Notes** |
| Session objectives clearly stated and followed |  |
| Engagement of student(s) and active teaching in procedures to be completed |  |
| Displays up-to-date knowledge and/or incorporates evidence- based dentistry as appropriate |  |
| Stimulates interest in the session content |  |
| Stimulates and encourages critical thinking |  |
| Encourages student-self- assessment and provides constructive feedback |  |

|  |  |
| --- | --- |
| Answers questions clearly |  |
| Demonstrates effective, professional, and respectful relationships with students, patients and/or families |  |