

**Moody College of Communication
Peer Classroom Observation Coversheet**

Observation of:

Faculty name: _____

Faculty UTEID: _____

Faculty rank: _____

Department/School: _____

Course title: _____

Course abbreviation & number: _____

Observation by:

Faculty observer: _____

Signature: _____ Date: _____

The observer has:

Reviewed previous CIS/CES comments*

Reviewed previous peer observations*

*Not applicable for new faculty

Date of classroom observation(s): _____

Date of discussion with the faculty member: _____

Date of submission to chair/director: _____