

UME Administrative/Peer Teaching Effectiveness Survey

Educator Being Observed: _____

Session Name: _____ Date: _____

Outstanding teaching effectiveness is a goal of every UME educator (whether at the local, state, or national level. By providing feedback to your colleague, you are helping to make sure that he/she achieves that goal. The feedback should be honest, helpful and implementable.

Please rate (by placing a check mark in the boxes) how well the Educator used the following teaching and facilitation skills during this session:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Interacted with the learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kept the learners engaged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Encouraged discussion with and among learners	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generated enthusiasm about subject matter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Answered questions carefully and completely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treated learners with respect and impartiality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Summarized key points clearly and concisely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used examples to make the materials easy to understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Used technology that enhanced learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please rate your level of agreement (by placing a check mark in the boxes) with the following statements:

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	N/A
Objectives and purpose of session were clear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content taught was accurate and appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Content had practical application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handouts were helpful and well prepared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual aids added to presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- Overall, how would you rate the effectiveness of this educator?
- Extremely Effective
 - Effective
 - Somewhat Effective
 - Not Effective

After completing page 2, you may complete the form electronically or submit a hard copy of this form.

- To submit the form electronically go to <https://go.umd.edu/SNAP-ED-PEER>. If you wish to remain anonymous, do not fill out the "Observer's Name" field.
- To submit a hard copy, please sign and submit this form directly to the faculty member you have observed. If you wish to remain anonymous, please send the form to the SNAP-ED State Office.

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This institution is an equal opportunity provider.

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1. What are the primary strengths of this instructor?

2. What are your suggestions for areas of improvement?

3. Other Comments:

Observer's Name (optional)

Observer's Relationship to Educator:

Peer

Administrator

Other (please specify): _____

Observer's Title & Organization

Thank you for taking the time to provide this valuable feedback.

Refer to the bottom of page 1 for submission instructions.

updated 1/5/2023