

PEER REVIEW FORM: COURSE SYLLABUS

PARTICIPANT INFORMATION: *(To Be Filled Out By Participant)*

Participant Name:

Specific Course/Discipline:

Graduate Course Undergraduate Course

How Often Does Your Class Meet:

Provide for your peer reviewer any important information about the course syllabus you have created:

REQUIREMENTS: *(To Be Filled Out By Reviewer)*

1. Has the writer included all six required components in his/her syllabus?

Goals and objectives

Required texts

Classroom policies

Course requirements and assignments

Grading scale

Semester course schedule (at least by week)

2. Identify any missing components or sections that should be revised and/or expanded.

CONTENT:

1. Are the goals and objectives attainable in the course of the semester, and do they effectively guide the trajectory of the course?

2. Does the writer adequately outline classroom policies? Based on your own experience, do you have suggestions about other areas or issues that should be addressed?

3. Do course requirements and assignments resonate with the goals and objectives of the class? Are the connections between these two components clear?

4. Is the semester course schedule clearly stated and easy to follow? Does the schedule contain any gaps that might inhibit learning?

EVALUATION:

1. What are strengths that you see in the creation of this syllabus?

2. What are some areas of improvement the writer might consider?

3. What challenges might this teacher encounter in using this syllabus?

4. Any other comments you would like to communicate to the writer?

PARTICIPANT SIGNATURE	PEER REVIEWER SIGNATURE
Name:	Name:
Date:	Date:

Please include Peer Review form with your Course Syllabus in the Teaching Capstone Notebook which will be turned in at the completion of the program requirements.