UNIVERSITY OF WASHINGTON
DEPARTMENT OF GEOGRAPHY

Collegial Teaching Review Form
For Merit Salary and Re-Appointment
(Winter, Spring, Summer, Autumn Quarters)

Instructor: _______________________                       Quarter: ______________________

Methods of Evaluation:

1. ____ Examination of course materials, student evaluation by instructor of her/his teaching
2. ____ Classroom visitation

Courses (Number and Title): _______________________________________________

PLEASE ATTACH TO THIS FORM YOUR COMMENTS ON:

1. Course Organization and Course Materials
2. Teaching Performance
3. Student Evaluations
4. Instructor’s Self-Evaluation of His/Her Teaching

Evaluator’s Signature: ______________________________________________________

Date: __________________________

Instructor’s Signature: ______________________________________________________

Date: __________________________