

Institute of Biochemistry, Molecular Biology and Biotechnology

Peer Observation Form

PLEASE FILL THE FOLLOWING DETAILS

Name of the Lecturer:

Course Title: ☐ Master of Science in Molecular Life Sciences/Master of Molecular Life Sciences
☐ Master of Science in Cellular and Molecular Immunology /Master of Cellular and Molecular Immunology
☐ Master of Science in Bioinformatics/Master of Bioinformatics

Semester: ☐ 1st year – Semester 1/Semester 2/Semester 3
☐ 2nd year - Semester 1/Semester 2/Semester 3

PLEASE ANSWER THE FOLLOWING QUESTIONS

Limit your writing to the size of the text box. For MCQs please use the following answer key and cross the most suitable box.

1. Strongly Disagree
2. Disagree
3. Neutral opinion
4. Agree
5. Strongly agree

		1	2	3	4	5
01	The lecturer was present on time.					
02	The lecturer completed the lecture on time.					
03	The lecturer was clearly heard by the class.					
04	Lecture materials were well structured.					
05	Audio-visual aids, e.g., white boards, slides, movie clips, etc., were used appropriately, and were clearly audible/visible.					
06	Illustrations and examples were used appropriately.					
07	The lecturer showed a good depth of knowledge on the topic.					
08	The lecturer was clear with good explanations.					
09	The lecturer maintained an interactive environment and encouraged students to ask questions in the class.					
10	The lecturer handled students' questions and provided satisfactory answers.					
11	The lecturer maintained eye contact with students.					

Do you have any comments?

EVALUATER INFORMATION

Designation: Senior Prof. ☐

Prof. ☐

Associate Prof. ☐

Senior Lecturer Grade I ☐

Senior Lecturer Grade II ☐

Teaching Experience

Has obtained Certificate of Teaching Higher Education (CTHE) Yes ☐ No ☐

If Yes, Year qualification obtained

Signature

Name

Date: