ADDENDUM 1:

A Peer Review Guide for Online Teaching in the Department of Clinical Sciences
Instructor Request/Input Form

[based on Penn State’s “Peer Review of Online Teaching”: http://facdev.e-education.psu.edu/evaluate-revise/peerreviewonline]

Instructor and Peer Reviewer

1. Instructor’s name: ____________________________________________________

2. Peer Reviewer’s name (To be assigned by CADET): _______________________

3. Date of review (TBD) ______________________________________________

Online Course

4. Course name and number (e.g. VS331): _________________________________

5. Course title (e.g., Histology): _________________________________________

6. Semester (or term) and year during which course was most recently offered (e.g., Spring 2015): __________________________

7. Relationship of course to certificate or degree programs (e.g., elective for various undergraduate science degrees; part of CSU’s Online PreHealth group of courses, etc.): ____________________________________________________________

Online course technologies

8. Where will the Reviewer find the course home page?
   o CANVAS login page https://colostate.instructure.com/
   o Guest eID: _______________________________________________________
   o Guest password: ________________________________________________

9. Where will the Reviewer find the course syllabus?
   o ________________________________________________________________

10. Where will the Reviewer find the calendar of assignment due dates?
    o ________________________________________________________________
11. Where will the Reviewer find the course lessons and assignments?
   ○ _________________________________

12. Where will the Reviewer find quizzes and examinations?
   ○ _________________________________

13. Please describe the nature and purpose of the communications between students and instructors in this course.

14. Does the course require or supply any supplementary materials beyond what is provided at the sites listed above (e.g., textbook or software)?
   ○ Yes    ○ No
   If yes, please describe: _________________________________
   __________________

15. Does the course require any synchronous activities (same time, same place)?
   ○ Yes    ○ No
   If yes, please describe: _________________________________
   ______________

16. Other information that Instructor wishes to have the Reviewer consider: