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| **Instructional Session Observation Grid**  *This grid is an option for use by experienced peer reviewers who prefer a more flexible method for documenting/coding activities in the classroom. If you would like more information on how to document/code observations, please contact the CVM Office of Teaching & Learning***.** | | | | | | |
| Instructor’s Name: | | | | | | |
| Reviewer’s Name: | | | | | | |
| Session Title/Topic: | | | | | | |
| Date: | | | Start Time: | | End Time: | |
| Location: | | | | | | |
| Instructional Session Type (classroom lecture, lab, clinical rotation, problem-based learning session, etc.): | | | | | | |
| DVM 1 | | DVM 2 | | DVM 3 | | Clinical Year |
| Approximate enrollment/attendance: | | | | | | |
| Time: | Instructor Activity | | | Student Activity | | Strengths/Opportunities |
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Additional comments/observations: