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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: