

Peer Feedback Observation Form

Observation Information

Observer Name: _____

Teacher Observed: _____

Class/Grade Level: _____

Observation Date: _____

Feedback Criteria

Focus Area	Observed Behaviors	Suggestions
Communication Skills		
Lesson Organization		
Interaction with Students		
Creativity and Innovation		
Time Management		

General Feedback

Follow-Up Actions

1. Schedule a follow-up discussion for improvement strategies.
2. Share professional development resources.
3. Observe future sessions for progress evaluation.

Observer Confirmation

I, _____, confirm that this feedback is shared constructively to support teaching practices.

Observer Signature: _____

Date: _____