

Peer Lesson Observation Form

Lesson Details

Teacher Name: _____

Lesson Title/Topic: _____

Class Grade/Level: _____

Date of Observation: _____

Observation Focus Areas

1. Clarity of Lesson Objectives
2. Effectiveness of Instruction
3. Student Engagement and Participation

Evaluation Table

Lesson Component	Strengths	Areas for Improvement
Introduction		
Main Instruction		
Student Activities		
Use of Materials		
Closure and Wrap-Up		

Recommendations:

Acknowledgment

I confirm that the feedback provided is accurate and intended for professional development.

Observer Signature: _____

Date: _____