

Peer Observation Form for Teacher PDF

Teacher Information

Teacher Name: _____

Subject Observed: _____

Grade Level: _____

Date of Observation: _____

Observation Details

Class Objective: _____

Teaching Methods Used: _____

Student Engagement Level: Low Moderate High

Observation Table

Aspect Observed	Excellent	Good	Needs Improvement	Comments
Lesson Planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Classroom Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Content Delivery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use of Resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Interaction with Students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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Suggestions for Improvement

Observer Signature: _____

Date: _____