**Teacher Peer Assessment Form**

**Teacher Details
Name of Assessor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Name of Assessed Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Subject/Grade Taught: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date of Assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Key Performance Areas
1. Lesson Delivery:
Evaluate the clarity and engagement of lesson delivery.**

**2. Classroom Management:
How effectively does this teacher manage classroom behavior?**

**3. Communication with Students:
Provide feedback on their communication style with students.**

**Assessment Table**

| **Observation Area** | **Strengths** | **Areas for Growth** | **Suggestions** |
| --- | --- | --- | --- |
| **Teaching Methods** |  |  |  |
| **Student Engagement** |  |  |  |
| **Assessment Techniques** |  |  |  |
| **Professionalism** |  |  |  |

**Final Comments:**

**Signature of Assessor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**