

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: _____