



Peer Observation Reflection Form

Name: _____ Date: _____

Professional Goal: _____

What is something specific that you would like the observer to evaluate? (See box below)

To be filled out by observer:

Observations related to the selection listed above:

Some suggested areas to watch:

Student behavior/ interaction/ engagement
Lesson pacing/ planning/ objectives
Questioning: levels, quantity, wait time, distribution,
Classroom environment
Lesson presentation: visuals, examples,
demonstrations, communication, etc.
Repetitive behaviors: "um", "O.K", "all right", etc.
Student thinking and problem solving
Grouping, Differentiation

What areas did you see as strengths in the lesson? Why?

To be filled out by the teacher being observed:

What areas would you like to continue to develop in the future?

Teacher Signature: _____ Date: _____

Observer Signature: _____ Date: _____