



PEER CLASSROOM OBSERVATION FORM

Name of the Teacher :

Grade :

School :

Date :

Time :

Subject :

Title :

Period :

1	Appearance in the Classroom	Excellent	Good	Tolerable	Poor	Remarks
	a) Cleanliness					
	b) Self-Confidence					
	c) Punctuality					
	d) Pleasantness					
2	Initiation of the Lesson					
	a) Was the lesson objective clear to the students?					
	b) Was the lesson based on the previous one?					
3.	Development of the Lesson					
	3.1 Subject Matter and Sequence					
	a) Relevant to the curriculum					
	b) Relevant to the textbook					
	c) Relevant to the student's level & interest					
	d) Coverage of the subject matter					
	e) Teacher's command over subject matter					
	f) Was the presentation logical?					
	g) Was the presentation psychological?					
	h) Was the presentation haphazard?					
	i) Listen to student's opinions					
	j) Non-verbal communication					
	k) Justify his/her own actions authoritatively					
4.	Closing the Lesson					
	a) Was the lesson summarized?					
	b) Were the objectives achieved?					
	c) Was the lesson evaluated?					
	d) If yes, was it oral?					
	e) Was it written?					
	f) Was evaluation outcome satisfactory?					
	g) Was assignment given?					
	h) Was assignment appropriate?					

Comments	Suggestion

Signature of the Supervisor: Signature of the School Inspector:

Full Name : Full Name: Date: Date:

1. Read it carefully before you get into the class for observation.
2. Peer class should be observed in presence of the internal supervisor.
3. Each student teacher should observe at least 3 classes of his/her peers.

