

Teaching Observation Peer Review Evaluation Form

General Information

Instructor Name

Observer Name

Course/Subject

Date of Observation

Observation Criteria

Criteria	Rating (1-5)	Comments
Clarity of Instruction	<input type="text"/>	<input type="text"/>
Student Engagement	<input type="text"/>	<input type="text"/>
Subject Mastery	<input type="text"/>	<input type="text"/>
Use of Teaching Aids	<input type="text"/>	<input type="text"/>
Classroom Management	<input type="text"/>	<input type="text"/>

Strengths

Areas for Improvement

Additional Comments