

TRIBHUVAN UNIVERSITY FACULTY OF EDUCATION

PEER OBSERVATION FORM

Name of the Student-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?					
c)	Were the students ready to learn?					
d)	Was the start of the lesson interesting?					
e)	Was the class arranged properly?					
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)	Were illustrations appropriate?					
3.2	Language					
a)	Fluency					
b)	Voice					
c)	Structure					
d)	Clarity					
3.3	Instructional Materials					
a)	Size & clarity					
b)	Appropriateness to the lesson					

c)	Proper use					
d)	Pleasing					
3.4	Student Participation					
a)	Listen attentively					
b)	Ask questions relatively					
c)	Answer teacher's questions					
d)	Participate in discussion					
e)	Follow directions					
f)	Experiment					
g)	Any other activity					
3.5	Teacher's Activities					
a)	Lecture					
b)	Question					
c)	Answer to the students					
d)	Encourage students					
e)	Discourage students					
f)	Demonstrate					
g)	Discuss with the students					
h)	Clarify student's points					
i)	Listen to student's opinions					
j)	Non-verbal communication					
k)	Justify his/her own actions authoritatively					
l)	Solve disciplinary problems					
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

Grading by Internal Supervisor:

Signature of the Internal Supervisor:

Full Name :

Campus:

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Date:

Signature of the Observer/StudentTeacher:

Full Name:

School/Campus:

Exam Roll No:

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.