**Peer Observation Report**

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| **Lecturer Name:** | **Module Code and Name:** |
| **Observer name:** | **Number of students:** |
| **Date of observation:** | **Class duration:** |

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| **Class type** | | |
| **Lectures to <50 students**  🞏 | **Lectures to 51-150 students**🞏 | **Lectures to > 151 students**🞏 |
| **Tutorial** 🞏 | **Labs**🞏 | **Other (please specify)** 🞏 |

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| **Pre-observation meeting/discussion** |
| Note here any information you gathered from the Pre-observation meeting (e.g. any issues requiring particular focus or feedback) |

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| **Observation** | |
| Topic of session: |  |
| Date of report: |  |
| **Beginning of the session:** | |
| Comments about first impressions made by the lecturer: |  |
| How successfully were the intended outcomes of the session made clear to students at the beginning of the session? |  |
| Any other comments about the beginning of the session: |  |
| **Style and approach** | |
| Comments about the general tone and style of the presentation: |  |
| How well were teaching aids used to enhance students’ learning? |  |
| How well were students’ questions and contributions handled during the session? |  |
| How well was body language used to enhance communication at the session? |  |
| Comments on tone-of-voice, clarity of diction, audibility, and so on: |  |
| Any other comments on style and approach? |  |
| **Student Participation** | |
| Comments on what students seemed to be doing during the session: |  |
| To what extent were students kept actively learning during the session? |  |
| **Close of Session** | |
| How effectively were the learning outcomes revisited towards the end of the session? |  |
| Any further comments about the close of the session? |  |
| **Summary, Suggestions and Recommendations** | |
| What was the most effective element of the session? |  |
| What was the least effective element of the session? |  |
| Any further comments and suggestions? |  |
| Any key learning points for observer? |  |

Observer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lecturer signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_