# Peer Observation of Teaching

PRIVATE AND CONFIDENTIAL

This part to be completed and retained by the observer

UNIVERSITY OF BIRMINGHAM

**AFTER THE POST OBSERVATION DISCUSSION** (between observer and observee)

As teaching observation is a process which offers mutuality of benefits, this form should be completed from a personal perspective by the observer and attached to your personal copy of the formal report for your own records (there is a separate form for the observee).

| My summary of our post-observation discussion (observer) |
|---|
| |

**REFLECTION ON THE WHOLE OBSERVATION PROCESS**

| What have I learnt about teaching and learning? (In general and specific to my own practice)? |
|---|
| |

| Key personal action points for the future |
|---|
| |

**This page to be retained by the observer only.**

# Peer Observation of Teaching

PRIVATE AND CONFIDENTIAL

This part to be completed and retained by the person observed

UNIVERSITY OF BIRMINGHAM

**AFTER THE DISCUSSION** (between observer and observee)

As teaching observation is a process which offers mutuality of benefits, this form should be completed from a personal perspective by the observee and attached to your personal copy of the formal report for your own records (there is a separate form for the observer).

| My summary of our post-observation discussion (person observed) |
|---|
| |

**REFLECTION ON THE WHOLE OBSERVATION PROCESS**

| What have I learnt about teaching and learning? (In general and specific to my own practice)? |
|---|
| |

| Key personal action points for the future |
|---|
| |

**This page to be retained by the person observed only.**

# Peer Observation of Teaching

This part to be completed jointly by both participants, after the session and post-observation discussion have taken place.

UNIVERSITY OF BIRMINGHAM

**School of**

Peer Observation of Teaching
Confirmation of Process
Elements Worthy of Wider Dissemination

**Name:**

**Module Title:**

**Type of Teaching Session:**

**Number of Students present:**

**Observer:**

**Date(s) of Observation:**

We confirm that this observation was made in accordance with School procedure, or that School procedure was not followed for the reason given overleaf:

Signature of observer: Date:

Signature of person observed: Date:

**Elements Worthy of Wider Dissemination** Please give a brief description for use by Staff Development Unit

I agree/do not agree that my School / the Staff Development Unit can use this information in training and in appropriate publications. (Please delete as appropriate.)

Signature of person observed: Date:

**Observee: Please make two copies of this page only – one for yourself and one for your observer, then forward the original to your Peer Observation Coordinator**