

Peer Teacher Visit

Teacher Visited _____ Initials _____ Subject _____

Teacher Visiting _____ Date _____ Block _____

(Note: Your class visit should last 20-30 minutes. After your visit, give positive feedback to the teacher through contact/memo/e-mail. Return form to Mr. Kreamer within 2 days.)

1. Please check evidence of School Improvement Plan/Instructional Strategies noticed:

____ SSR ____ CCA (Comprehensive Curriculum Activity)

____ WAC ____ HOTS

____ CAI ____ Differentiated Instruction

____ Collaborative Groups

2. What are the students doing during your time in the classroom? Check all that apply:

____ Individual Instruction ____ Lab/Experiments ____ Board Work

____ Silent/Oral Reading ____ Writing Activity ____ Computer Lab

____ Using Manipulatives ____ Student Projects ____ Review/Closure

____ Other ____ Quiz/Test

3. How can I use/adapt/apply in my classroom what I observed from this visit?
