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| **Lesson Date:** |  |
| **Lesson Time:** | Start: End:  |

**To be completed by PT during Observation of Teacher #**

**Peer Observation (B-5)**

**DIRECTIONS:** During the classroom observation, collect evidence on what you see the teacher and students doing. Meet with your Support Provider after to discuss key insights about the observation and your teaching.

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| Lesson Objective:  |
| Observation Data: |
| **Teacher:**  | **Student:** |
| Post-Observation Key Insights: |
| **What did I see and learn from observing this lesson? How will I apply this to my classroom practice?** |