

# MT Catholic Schools-GFB

## Peer Observation Form

Employee:		Evaluator:	
Grade / Subject:		Evaluator's Professional Role:	
Place of Observation:			
Date of Observation:		Time span of Observation:	

I, \_\_\_\_\_  
Employee

have been observed in my assigned duties as they pertain to my employment as a professional Catholic educator by \_\_\_\_\_,  
Peer Evaluator

and I have discussed the observation to promote my professional growth.

**Employee:** \_\_\_\_\_ Date: \_\_\_\_\_ Additional Comments: Attached

(Signature denotes receipt of form only. Additional comments from Employee may be attached to this page.)

**Peer Evaluator:** \_\_\_\_\_ Date: \_\_\_\_\_ Additional Comments: Attached

**Administrator Receiving Observation:** \_\_\_\_\_ Date: \_\_\_\_\_