

Peer Observation Form

Your Name: _____

Session: _____

Names of Facilitator-Trainees Presenting:

1) _____ 2) _____

Use this form to record your feedback on the knowledge and skills of your fellow participants delivering a teach-back presentation. Remember that your objective feedback on observable behaviors will allow them to pinpoint their specific strengths and identify opportunities for growth.

| E/N | Observed Behavior |
|-----|--|
| | Presents information clearly and correctly |
| | Uses a clear voice and can be heard in all areas of the room |
| | Makes eye contact with the audience |
| | Uses an open body posture |
| | Avoids distracting behaviors |
| | Gives the group clear directions |
| | Uses visual aids (newsprints) effectively |
| | Checks in with the group |
| | Reviews and summarizes important points |
| | Stays within the timeframe |
| | Presents material as written in the curriculum |

E = Effective

N = Needs Attention

Things you liked about what facilitators did:

Things you might have done differently: