

Name: \_\_\_\_\_

### Peer Visit Form

**Step 1: Contact teacher and confirm focus of the visit.**

Colleague	Focus of my visit

**Step 2: Plan (When will I visit?)**

Date	Period	Time	Room #

**Step 3: Observations from the Visit**

I See/ I Hear (What is happening during your visit?)	Ideas I Would Like to Try

After the Visit: Submit the completed peer visit form with your name on it to Nancy Sommer.

Name: \_\_\_\_\_

**Step 4: Reflect**

What questions might I ask the teacher after my visit?

**Step 5: Apply**

What might I try in my classroom as a result of my visit?

**Step 6: Evaluate**

1. The peer visit was a useful professional development opportunity. Strongly Agree                      Agree                      Disagree                      Strongly Disagree
If Disagree, please explain. (on back of sheet)
2. Suggested upgrades for peer visit process? (on back of sheet)

After the Visit: Submit the completed peer visit form with your name on it to Nancy Sommer.