SMSH Peer Teacher Visit

Teacher Visited: _____ Initials: _____ Subject: _____

Teacher Visiting: _____ Date: _____ Block/Time: _____

(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. Kevin Dugas within 2 days)

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

_____SSR _____CCA (Comprehensive Curriculum Activity)

_____WAC _____HOTS

_____CAI _____DI (Differentiated Instruction) _____Collaborative Group

_____ other (please specify): _____

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: _____ _____Assessment

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

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