

PEER OBSERVATION PROCEDURE

Peer Observation Without Earning PD Hours

1. Complete a new Peer Observation Form for every Peer Observation you conduct.
2. Make a copy of your completed Peer Observation Form and give it to your Department Chair

Peer Observation and Earning PD Hours

You are eligible to earn three (3) PD Hours per academic year. If you wish to claim PD Hours, complete the following steps:

1. Make a copy of your completed Peer Observation Form and give it to your Department Chair
2. If you are using it for PD hours, you must submit a copy of the form with the additional paperwork described below.
 - a. Complete the Evidence of Completion Form and Evaluation Form. Make a copy of both.
 - b. Bring the originals and copies to Ethan Graham in the District Office for a signature.
 - c. They must be submitted within sixty days of your observation.
 - d. Leave the originals (Evidence of Completion Form and Evaluation Form) plus the copy of your Peer Observation Form with Ethan Graham. These copies will be kept in the district office.
 - e. Enter the hour into ELIS.
 - f. File the Peer Observation Form, Evidence of Completion Form, and Evaluation Form in your License Renewal/Professional Development Documentation File.

PEER OBSERVATION FORM

O'FALLON TOWNSHIP HIGH SCHOOL

Your Name:

Teacher Observed:

Class Observed:

Date of Observation:

THREE TAKE-AWAYS

Briefly describe three take-aways from your observation.

1.

2.

3.

EDUCATOR EFFECTIVENESS DEPARTMENT

DIRECTIONS: Please complete and return this form to the presenters of the professional development activity. Providers must retain this form for a minimum of six years for ISBE auditing purposes.

TITLE OF PROFESSIONAL DEVELOPMENT ACTIVITY Peer Observation	DATE
LOCATION (Facility, City, State) O'Fallon Township High School, 600 S. Smiley Street, O'Fallon, IL 62269	
NAME OF PROVIDER O'Fallon Township High School District #203	

1. Indicate the outcome(s) of this professional development. (Check all that apply)

- ☐ Increased the knowledge and skills of school and district leaders who guide continuous professional development.
- ☐ Will lead to improved learning for students.
- ☐ Addressed the organization of adults into learning communities whose goals are aligned with those of their schools and districts.
- ☐ Deepened participants' content knowledge in one or more content (subject) areas.
- ☐ Provided participants with research-based instructional strategies to assist students in meeting rigorous academic standards.
- ☐ Prepared participants to appropriately use various types of classroom assessments.
- ☐ Used learning strategies appropriate to the intended goals.
- ☐ Provided participants with the knowledge and skills to collaborate.
- ☐ Prepared participants to apply research to decision-making.
- ☐ Provided educators with training on inclusive practices in the classroom that examines instructional and behavioral strategies that improve academic and social-emotional outcomes for all students, with or without disabilities, in a general education setting.
- ☐ Provided educators with training on the physical and mental health needs of students, student safety, educator ethics, professional conduct, and other topics that address the well-being of students and improve the academic and social-emotional outcomes of students.
- ☐ None of the above describe the effects of this professional development.

2. Identify those statements that directly apply to this professional development. (Check all that apply)

- ☐ Activities were of a type that engaged participants over a sustained period of time, which allowed for analysis, discovery, and application as they relate to student learning, social or emotional achievement, or well-being.
- ☐ This professional development aligned to my performance as an educator.
- ☐ The outcomes for the activities relate to student growth or district improvement.
- ☐ The activities offered for this event aligned to state-approved standards.
 - ☐ Professional Development Standards
 - ☐ Illinois Content Area Standards
 - ☐ Professional Educator Standards
 - ☐ Illinois Professional Leader Standards
- ☐ This activity was higher education coursework.
- ☐ None of these statements apply to this professional development.

3. Write the number (4 to 1) for each statement below that best describes how you feel about your experience in this professional development.

4 – Strongly Agree 3 – Agree 2 – Somewhat Agree 1 – Disagree

- _____ A. The outcomes of this professional development were clearly identified as the knowledge and/or skills that I should gain as a result of my participation.
- _____ B. This professional development will impact my professional growth or student growth in regards to content knowledge or skills, or both.
- _____ C. This professional development will impact my social and emotional growth or student social and emotional growth.
- _____ D. Overall, the presenter appeared to be knowledgeable of the content provided.
- _____ E. The materials and presentation techniques utilized were well-organized and engaging.
- _____ F. The professional development aligned to my district, school, or organizations improvement plans.



100 North First Street, E-240
Springfield, Illinois 62777-0001



EVIDENCE OF COMPLETION FOR PROFESSIONAL DEVELOPMENT

EDUCATOR EFFECTIVENESS DEPARTMENT

This is to certify that the undersigned has completed the professional development activity described herein and that the provider is approved by the state superintendent of education at the time of completion. This form serves as evidence to verify participation in this professional development activity and must be maintained for a period of six years by the licensee and produced if requested as part of an audit.

IMPORTANT: THE LICENSEE MUST ENTER THE ACTIVITY INTO THE EDUCATOR LICENSURE INFORMATION SYSTEM (ELIS) BY AUGUST 31 OF THE LICENSE RENEWAL YEAR. LICENSEES RETAIN THIS FORM FOR SIX YEARS FOR AUDITING PURPOSES. DO NOT SUBMIT THE FORM TO ISBE UNLESS THE AGENCY REQUESTS YOU TO DO SO.

LEGAL NAME OF PARTICIPANT (Last, First, Middle Initial)	AFFIRMED NAME OF PARTICIPANT (if applicable) (Last, First, Middle Initial)
TITLE OF PROFESSIONAL DEVELOPMENT Peer Observation	IEIN
DATE(S) OF ACTIVITY	
NAME OF APPROVED PROVIDER (Enter in ELIS) O'Fallon Township High School District #203	REGION, COUNTY, DISTRICT, TYPE (RCDT) CODE (Form is invalid without a state-approved provider RCDT code) 50 082 2030 17 0001
NAME OF THIRD-PARTY PRESENTER/ORGANIZATION AUTHORIZED BY A STATE-APPROVED PROVIDER ABOVE (If used)	
NAME OF PRESENTER(S) (Do not enter into ELIS) OTHS Staff	
NUMBER OF PROFESSIONAL DEVELOPMENT HOURS AWARDED	

IS THIS ACTIVITY A STATE-MANDATED TRAINING? ☐ YES ☒ NO

If you answered "yes," place a check mark next to the corresponding training listed on the chart below.

State-Mandate Training Checklist

- | | |
|---|---|
| ☐ Anaphylactic Reactions & Mgmt. | ☐ Educator Evaluator (Board) |
| ☐ Asbestos Mgmt. & Abatement | ☐ Ensuring Success in Schools |
| ☐ Asthma Management | ☐ First Aid, Heimlich, & CPR* |
| ☐ Automated External Defibrillator | ☐ Freedom of Information Act (FOIA) |
| ☐ Bloodborne Pathogens | ☐ Hazardous Materials Training |
| ☐ Bullying Prevention* | ☐ Health Conditions of Students |
| ☐ Care of Students with Diabetes | ☐ Health Conditions of Students
(Life-Threatening Bleeding) |
| ☐ Concussions & Head Injuries | ☐ Identity Protection |
| ☐ Cultural Competency | ☐ Isolated Time Out/Restraint |
| ☐ Educator Ethics | ☐ Mandated Reporting of Child Abuse and Neglect |
| ☐ Educator Evaluator | |

*Optional training

CONTINUED NEXT PAGE

State-Mandate Training Checklist *(continued)*

- | | |
|--|---|
| ☐ Mental Illness, Trauma, & Suicide | ☐ School Board Membership Leadership |
| ☐ Non-Restaurant Food Handler | ☐ School Bus Driver Training |
| ☐ Nutrition Training (Civil Rights) | ☐ School Student Records Act* |
| ☐ Nutrition Training (General) | ☐ Sexual Harassment & Discrimination |
| ☐ Open Meetings Act (Board) | ☐ Short-Term Sub Teacher Training |
| ☐ Open Meetings Act (Other) | ☐ Social-Emotional Learning |
| ☐ Opioid Overdose | ☐ SpEd Training for Personnel w/o License |
| ☐ Pest Management Plan | ☐ SpEd Training for Qualified Interpreters |
| ☐ Preventing and Responding to Child Sexual Abuse | ☐ Student Discipline* |
| ☐ Protections and Accommodations for Students (ADA) | ☐ Title IX |
| ☐ Protections and Accommodations for Students
(Homelessness) | ☐ Trauma-Informed Practices |
| ☐ Racism-Free Schools | ☐ Violence Prevention & Conflict Resolution* |

**Optional training*

Signature of Approved Provider's Representative

Date

Signature of Participant's Legal Name

Date

Signature of Participant's Affirmed Name (if applicable)

Date