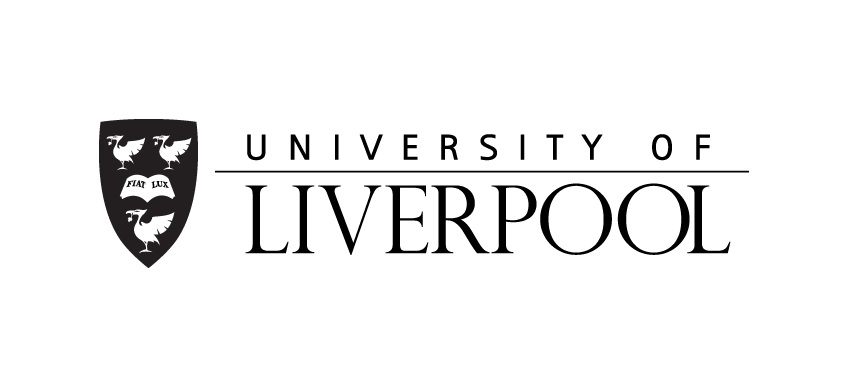
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**Peer Observation of Teaching Summary Form**

**Name of person being observed (Observee):** Click or tap here to enter text.

**Department/School/Institute:** Click or tap here to enter text.

**Observer Name**: Click or tap here to enter text.

**Date of Observation**: Click or tap to enter a date.

**Type of Observation:** Click or tap to enter a date.

**Module title**: Click or tap here to enter text.

**Year of study**: Click or tap to enter a date.

**Type of session**: Choose an item.

**If Other, please add**: Click or tap here to enter text.

**Duration of session:** Click or tap here to enter text.

**Duration of observation:** Click or tap here to enter text.

**Approximate number students attending**: Click or tap here to enter text.

**Are there any general/strategic issues that arose in relation to equipment/technology/ accommodation/timetable/resources etc?** Click or tap here to enter text.

**What are the main teaching practices that could be shared with colleagues or across the University?** Click or tap here to enter text.

**Are there any requests or suggestions for further development or training following the discussion between Observer and Observee?** Click or tap here to enter text.

The final version of this form has been agreed by both the Observee and Observer:

**Observee’s Signature:** Click or tap here to enter text. **Date**: Click or tap to enter a date.

**Observer’s Signature**: Click or tap here to enter text. **Date**: Click or tap to enter a date.

**The Peer Observer should return this form to the Peer Observation Group (or designated contact) in the Department/School/Institute where the Observee is based**