

Ministry of Health, Community Development, Gender, Elderly and Children

**Peer-to-Peer Observation Form**

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| **Observer Name****(*Individual Performing Observation*)** |  | **Assessment Observed** |
|  |  |  |
| **Evaluator Name** **(*Individual Being Observed*)** |  | **Date of Observation/Assessment** |

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| --- | --- | --- | --- |
| **Knowledge/Skill Area** | **Component** | **Observations** | **Comments** |
| 1. **Competency Assessment**
 | **Introduction*** Evaluator and topic/purpose introduced
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| **Direct Observation Checklist*** Appropriate checklist used, minimum assistance/guidance/interruption
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| **Feedback*** Summary, assessment conclusions
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| 1. **Structure & Format**
 | **Overall Organization*** Preparedness, use of time, focus on objectives/task
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| 1. **Knowledge**
 | **Technical Competency*** Subject matter knowledge/command on subject/topic
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| 1. **Verbal and**

**Non-Verbal Communication** | **Delivery*** Clear language, speech rate, tone
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| **Body Language*** Eye contact, use of space, engaging, non-threatening
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| 1. **Attitude**
 | **Professional Ethics** * Respectful, diplomatic, consistent
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**Additional Comments:**