

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 |  |  |
| **Direct Observation Checklist**   * Appropriate checklist used, minimum assistance/guidance/interruption |  |  |
| **Feedback**   * Summary, assessment conclusions |  |  |
|  |  | | |
| 1. **Structure & Format** | **Overall Organization**   * Preparedness, use of time, focus on objectives/task |  |  |
|  | | | |
| 1. **Knowledge** | **Technical Competency**   * Subject matter knowledge/command on subject/topic |  |  |
|  | | | |
| 1. **Verbal and**   **Non-Verbal Communication** | **Delivery**   * Clear language, speech rate, tone |  |  |
| **Body Language**   * Eye contact, use of space, engaging, non-threatening |  |  |
|  | | | |
| 1. **Attitude** | **Professional Ethics**   * Respectful, diplomatic, consistent |  |  |

**Additional Comments:**