

Formative Peer Review Summary Report

Name of teacher reviewed:

Name of reviewer:

Subject and semester of review:

Date of report:

Aspect of teaching or the subject reviewed:

Evidence reviewed: (Please tick and add detail if necessary)

- | | |
|--|--|
| <input type="checkbox"/> Subject/unit outline | <input type="checkbox"/> Subject notes or other materials |
| <input type="checkbox"/> Face to face class(es)..... | <input type="checkbox"/> Assessment task descriptions |
| <input type="checkbox"/> Online materials/activities | <input type="checkbox"/> Examples of student assessment work |
| <input type="checkbox"/> Other | |

Criteria	Peer Reviewer's Feedback	Teacher's Reflections
<p>1. Clear goals</p> <p>For students' learning and the design of the subject/learning environment</p>		
<p>2. Current and relevant preparation</p> <p>Of content and teaching and learning practices, taking into account students' needs</p>		
<p>3. Appropriate and effectively used teaching and learning and assessment methods.</p> <p>Methods are aligned, provide opportunities for students to engage actively in learning and achieve high quality outcomes, are innovative and able to adapt to changing contexts</p>		
<p>4. Effective communication and interaction</p> <p>Including face-to-face and/or online communication, interaction with students and interaction between students</p>		

<p>5. Important outcomes</p> <p>Student engagement and learning outcomes</p> <p>Other outcomes may include evidence of innovation or scholarship of teaching and learning</p>		
<p>6. Reflection, review and improvement</p> <p>Learning from students and other sources, reflecting on evidence and using it to improve</p>		

Reviewer’s overall summary:

(Please comment on aspects of good practice that you have noted and make any constructive suggestions for improvement).

Reviewer’s Signature:

Date:

Teacher’s overall summary: Reflection and planning

Please comment on the reviewer’s comments, summarising what you have learned about your teaching from this peer review.

Please comment on any changes that you intend to make in response to this review,

Teacher’s Signature:

Date: