PBIS SPF PEER OBSERVATION FORM

Room:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Beginning and Ending Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is the Matrix in view of class/teacher? Yes No

Are emergency procedures posted? Yes No

Is the door locked? Yes No

Are all adults wearing their badge? Yes No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Tally Specific Positives: | Tally General Positives: | Tally Corrections: | | Tally Negatives: |
| Examples: | | |  | |
| Notes: | | |  | |