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

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