

OBSERVATION FORM**NAME OF TEACHER:****SCHOOL:** Bosse**SUBJECT:****GRADE:****CLASS SIZE:****TIME:****OBSERVATION WAS:** Teacher Scheduled: x**Evaluator Schedule:****DATE OF OBSERVATION:****UNUSUAL CIRCUMSTANCES:**

The observation should include appropriate elements of the following: Instructional Planning, Preparation, and Content (planning and lesson content, Student Assessment and Evaluation) evidence of assessments and feedback). Instructional Strategies (learning environment), Classroom Management and Climate (classroom environment), Personal and Professional Attributes (professionalism).

Lesson Plan, Syllabus, Other Materials: Substitute Teacher Folder: Phone Log/Contact Sheet:

Goals Conveyed?

Technology Integrated/How often?

Differentiation

Classroom Management/Evidence of Student Understanding of Expectations

Student Engagement/Rigor and Relevance

Data – How are using to help instruction?

OBSERVER _____

DATE _____

TEACHER _____

DATE _____

Please sign that you have read this observation and received a copy for your file.