

MOST (Missouri Observation Simulation Tool) Observation Form

Teacher: _____ Date: _____
 School: _____ Subject: _____ Academic Year: _____
 Part of the Lesson: Beginning Middle End Time of Day: _____

Video # _____ matches to the following indicators:

Strategies and Delivery Methods Select those that apply	<u>Student Engagement</u> High (75-100%) Moderate (50-75%) Low (25-50%) Disengaged (0-25%)	<u>Depth of Knowledge</u> Not Observed (0) Recall (1) Skill Concept (2) Strategic Thinking (3) Extended Thinking (4)	<u>Classroom Structure</u> Evidence of Student Work Displayed in Classroom <input type="checkbox"/> Yes <input type="checkbox"/> No Room Organized <input type="checkbox"/> Yes <input type="checkbox"/> No <u>Curriculum/Instruction/Observed</u> <input type="checkbox"/> Taught curriculum matches written curriculum <input type="checkbox"/> Objectives & DOK Align <input type="checkbox"/> Accessible Materials <input type="checkbox"/> Clear Learning Targets <input type="checkbox"/> Technology Integrated <input type="checkbox"/> Knowledgeable about the content <u>Learning Assessments Observed</u> <input type="checkbox"/> Provides Specific and Timely Feedback <input type="checkbox"/> Question/Answer <input type="checkbox"/> Quiz or Test <input type="checkbox"/> Group Response <input type="checkbox"/> Individual Response <input type="checkbox"/> Conferencing <input type="checkbox"/> Observation <input type="checkbox"/> None <u>Learning Environment</u> <input type="checkbox"/> Conducive to Learning <input type="checkbox"/> Somewhat Conducive <input type="checkbox"/> Not Conducive <input type="checkbox"/> Disruptive Behavior <input type="checkbox"/> Off Task Behavior <input type="checkbox"/> Lack of Organization
Advanced/Graphic Organizers			
Classroom Discussion			
Cooperative Learning			
Group Work			
Guided Practice			
Hands On/Active Learning			
Independent Student Work			
Inquiry Based Learning			
Learning Centers			
Lecture			
Nonlinguistic Representations			
Peer Evaluation			
Project Based Learning			
Question/Answer			
Similarities/Differences			
Student Presentations			
Summarizing/Note Taking			
Observations			

Feedback

Teacher's Signature/Date _____

Observer's Signature/Date _____

Signatures indicate the document has been reviewed and discussed.