

**Observation Form**

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

| <p><b>Strategies and Delivery Methods</b><br/>Select those that apply</p> | <p><u>Student Engagement</u><br/>High (75-100%)<br/>Moderate (50-75%)<br/>Low (25-50%)<br/>Disengaged (0-25%)</p> | <p><u>Depth of Knowledge</u><br/>Not Observed (0)<br/>Recall (1)<br/>Skill Concept (2)<br/>Strategic Thinking (3)<br/>Extended Thinking (4)</p> | <p><u>Classroom Structure</u><br/>Evidence of Student Work Displayed in Classroom<br/><input type="checkbox"/> Yes    <input type="checkbox"/> No<br/>Room Organized<br/><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><u>Curriculum/Instruction/Observed</u><br/><input type="checkbox"/> Taught curriculum matches written curriculum<br/><input type="checkbox"/> Objectives &amp; DOK Align<br/><input type="checkbox"/> Accessible Materials<br/><input type="checkbox"/> Clear Learning Targets<br/><input type="checkbox"/> Technology Integrated<br/><input type="checkbox"/> Knowledgeable about the content</p> <p><u>Learning Assessments Observed</u><br/><input type="checkbox"/> Provides Specific and Timely Feedback<br/><input type="checkbox"/> Question/Answer<br/><input type="checkbox"/> Quiz or Test<br/><input type="checkbox"/> Group Response<br/><input type="checkbox"/> Individual Response<br/><input type="checkbox"/> Conferencing<br/><input type="checkbox"/> Observation<br/><input type="checkbox"/> None</p> <p><u>Learning Environment</u><br/><input type="checkbox"/> Conducive to Learning<br/><input type="checkbox"/> Somewhat Conducive<br/><input type="checkbox"/> Not Conducive<br/><input type="checkbox"/> Disruptive Behavior<br/><input type="checkbox"/> Off Task Behavior<br/><input type="checkbox"/> Lack of Organization</p> |
|---|---|---|---|
| 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   |   |   |   |
| <b>Observations</b>   |   |   |   |

**Feedback**

Teacher's Signature/Date \_\_\_\_\_

Observer's Signature/Date \_\_\_\_\_

Signatures indicate the document has been reviewed and discussed.