## Observation Form

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| **Name:** Click or tap here to enter text. **Date:** Click or tap to enter a date. |
|  |
| Observation #: Choose an item. | Type (Announced/Unannounced): Choose an item. |
| Observed By: | Click or tap here to enter text. |
| Focus Elements: |

|  |  |  |
| --- | --- | --- |
| [ ]  | 1.A.1: Subject Matter Knowledge |[ ]  2.B.1: Safe Learning Environment |
|[ ]  1.A.3: Well-Structured Units and Lessons |[ ]  2.E.1: High Expectations |
|[ ]  1.B.2: Adjustments to Practice |[ ]  4.A.1: Reflective Practice |
|[ ]  2.A.3: Meeting Diverse Needs |  |  |

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| Date of Lesson: | Click or tap to enter a date. | Time (start/end): Click or tap here to enter text. | Click or tap here to enter text. |
| Content Topic/Lesson Objective: Click or tap here to enter text. |
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| --- | --- | --- | --- | --- |
|[ ]  Whole Group | [ ]  | Small Group |[ ]  One-on-One |[ ]  Other |

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| *Active Evidence Collection occurred during the observation and is synthesized and categorized below.* |
|  |
| **Element** | **Evidence** |
| 1.A.1 | Click or tap here to enter text. |
| 1.A.3 | Click or tap here to enter text. |
| 1.B.2 | Click or tap here to enter text. |
| 2.A.3 | Click or tap here to enter text. |
| 2.B.1 | Click or tap here to enter text. |
| 2.E.1 | Click or tap here to enter text. |
| 4.A.1 | Click or tap here to enter text. |

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| **Focused Feedback** |
| Reinforcement Area/Action:*(strengths)* | Click or tap here to enter text. |
| Refinement Area/Action:*(areas for improvement)* | Click or tap here to enter text. |