## 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 |  |  | | | | | |
| 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. | | | | | |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Whole Group |  | Small Group |  | One-on-One |  | Other | | | | | | |
|  | | | | | |
| *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. | | | |

|  |  |
| --- | --- |
| **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. |