

## Record of Classroom Observation

Date \_\_\_\_\_

A. Teacher observed \_\_\_\_\_

B. Class observed \_\_\_\_\_

in (location) \_\_\_\_\_

from \_\_\_\_\_ to \_\_\_\_\_ (times)

C. Item	Initial if Rated	Quality and any comment
		[S] [G] [I] [U]
Prompt starting time.		
Reasonable rules posted/followed.		
Strong, positive monitoring of all students.		
Student awareness of specific learning tasks.		
Evidence of individualization; custom objectives; variety of learning options; moving.		

A. Teacher observed \_\_\_\_\_ on \_\_\_\_\_ date \_\_\_\_\_

C. Item	Initial if Rated	Quality and any comment
		[S] [G] [I] [U]
Evidence of a positive environment: student behavior; teacher fairness; sensitivity to individuals; use of good A-V aids including technology.		
Positive questioning technique.		
Evidence of checking on a recording growth of individual students.		
Use of feedback from students.		
Evidence of care for facilities and equipment and support for schoolwide policies.		
Full use of scheduled instruction time (no early stand-around).		
OTHER (describe):		

Signed \_\_\_\_\_ cc Teacher