

Observation Form

Based on California Standards for the Teaching Profession

Name of Evaluatee

School

Date

Type of Observation: Administrative [] *Scheduled* [] *Non-scheduled* Partner / Peer Project-Based Evaluation

Grade level: _____ Subject: _____ Time: _____ to _____ # of Students: _____

Evaluator / Observer: _____

Lesson Topic: _____

California Standards for the Teaching Profession

Check area(s) of focus

- | | |
|---|---|
| <input type="checkbox"/> Engaging and Supporting all Students in Learning | <input type="checkbox"/> Planning Instruction and Designing Learning Experiences for all Students |
| <input type="checkbox"/> Creating and Maintaining Effective Environments for Student Learning | <input type="checkbox"/> Assessing Students for Learning |
| <input type="checkbox"/> Understanding and Organized Subject Matter for Student Learning | <input type="checkbox"/> Developing as a Professional Educator |

Lesson Objective and Content Standard(s) Addressed: *What are the students learning?*

Teaching Strategies: *What are the students and the teacher doing during the lesson? Is there evidence of Opening, Direct Instruction, Guided Practice, Checking for Understanding, Independent Practice, Assessment, and/or Closure?*

Evidence of Learning: *Ongoing or by the end of the lesson, how have the students demonstrated their learning? Product or Assessment.*

Differentiation and/or Equity Activities: *During what part of the lesson are students' different cultural or academic needs or learning modalities addressed?*

Evaluatee's Signature

Date

Evaluator's Signature

Date

(This signature will be considered an acknowledgement of having read and discussed this form, not an agreement or disagreement with the content.)