

### CAP Observation Form

<b>Name:</b>	<b>Date:</b>
--------------	--------------

Observation #: ____	Type (Announced/Unannounced):		
Observed By:			
Focus Elements:	<input type="checkbox"/> 1.A.4: Well Structured Lessons (#1 Announced, #1 Unannounced)	<input type="checkbox"/> 2.B.1 Safe Learning Environment ( #1 Unannounced)	
	<input type="checkbox"/> 1.B.2: Adjustments to Practice (#2 Announced, #2 Unannounced)	<input type="checkbox"/> 2.D.2 High Expectations (#1 Announced)	
	<input type="checkbox"/> 2.A.3: Meeting Diverse Needs (#2 Announced)	<input type="checkbox"/> 4.A.1 Reflective Practice	
Date of Lesson:		Time (start/end):	
Content Topic/Lesson Objective:			
<input type="checkbox"/> Whole Group	<input type="checkbox"/> Small Group	<input type="checkbox"/> One-on-One	<input type="checkbox"/> Other

*Active Evidence Collection occurred during the observation and is synthesized and categorized below.*

Element	Evidence
1.A.4	
1.B.2	
2.A.3	
2.B.1	
2.D.2	
4.A.1	

<b>Focused Feedback</b>	
Reinforcement Area/Action: <i>(strengths)</i>	
Refinement Area/Action: <i>(areas for improvement)</i>	