## Observation Form

| **Name: Date:** |
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| **Observation #: Type (Announced/Unannounced):****Observed By:****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: Time (start/end):****Content Topic/Lesson Objective:****☐ 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.* |

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| **Element** | **Evidence** |
| 1.A.1 |  |
| 1.A.3 |  |
| 1.B.2 |  |
| 2.A.3 |  |
| 2.B.1 |  |
| 2.E.1 |  |
| 4.A.1 |  |

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| **Focused Feedback** |  |
| Reinforcement Area/Action:*(strengths)* |  |
| Refinement Area/Action:*(areas for improvement)* |  |