## Observation Form

| **Name: Date:** |
| --- |

|  |
| --- |
| **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** |

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

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

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