Lesson Observation Form

(for Clinical Faculty to use)

					Date: 11/1	6
Rating Scale			Teacher: McCale			
5 Excelle	ent 3 Satisfactory	1 Needs Improvement		Evaluator:	Monden	
4 Very G	Good 2 Below Average	X Not Observed, n/a	PE/I	HE (circle)	Grade: _	7
					Volling 5.11	
Personal Qualities			Comments		,	
5	5 Appearance, Neatness					
5	Enthusiasm, Energy					
5_	Self-confidence					
5_	Professionalism					
5	Respectful of Students and Colleagues					
			C			
Teaching Skills and Classroom Management			Comments			
5	Effective Behavior Expectation					
5	Appropriate Transitions					
5	Effective Use of Time					
5						
5	Safety Precautions; Taught and	Observed				
Commui	nication Skills		Comments			
5						
5	Considers Students' Interest an					
5	Sensitive to Student Needs, Ge					
5	Interacts Positively with Studer					
5	Provides Positive Re-enforceme					
The Lesson Plan			Comments			
5	Displays Effective Planning and					
<u> </u>	Uses Effective Teaching Metho Develops Appropriate Activities					
5	Adapts/Adjusts to Students' Ab					
 5	Uses Appropriate Content Prog					
5_	Provides Maximum Participation					
5	Allows for Creativity and Explo					
5	Provides Appropriate Evaluation					
5	Provides Differentiation of Lea					
	Overall					

Did the Teacher Candidate implement your suggestions from the previous observation(s)? _____

Are there any other comments/suggestions you can provide for the Teacher Candidate?