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| **Observation Form** | | | | | | | | | | | | | |
| **School Counselor:** | |  | | | | | | | | | | **Date:** |  |
| **School:** |  | | | | | **Subject:** | | |  | | | **Academic Year:** |  |
| **Part of the Lesson:** | | | * **Beginning** | | * **Middle** | | | | | * **End** | | **Time of Day:** |  |
|  | | | | | | | | | | | | | |
| **Strategies and Delivery Methods**  **Select those that apply** | | | | **Student Engagement**  **High (75-100%)**  **Moderate (50-75%)**  **Low (25-50%)**  **Disengaged (0-25%)** | | **Depth of Knowledge**  **Not Observed (0)**  **Recall (1)**  **Skill Concept (2)**  **Strategic Thinking (3)**  **Extended Thinking (4)** | | | | | **Classroom Structure**  **Evidence of Student Work Displayed in Classroom**   **Yes**  **No**  **Room Organized**   **Yes**  **No**  **Curriculum/Instruction/Observed**   **Taught curriculum matches written curriculum**   **Objectives & DOK Align**   **Accessible Materials**   **Clear Learning Targets**   **Technology Integrated**   **Knowledgeable about the content**  **Learning Assessments Observed**   **Provides Specific and Timely Feedback**   **Question/Answer**   **Quiz or Test**   **Group Response**   **Individual Response**   **Conferencing**   **Observation**   **None**  **Learning Environment**   **Conducive to Learning**   **Somewhat Conducive**   **Not Conducive**   **Disruptive Behavior**   **Off Task Behavior**   **Lack of Organization** | | |
| **Advanced/Graphic Organizers** | | | |  | |  | | | | |
| **Classroom Discussion** | | | |  | |  | | | | |
| **Cooperative Learning** | | | |  | |  | | | | |
| **Group Work** | | | |  | |  | | | | |
| **Guided Practice** | | | |  | |  | | | | |
| **Hands On/Active Learning** | | | |  | |  | | | | |
| **Independent Student Work** | | | |  | |  | | | | |
| **Inquiry Based Learning** | | | |  | |  | | | | |
| **Learning Centers** | | | |  | |  | | | | |
| **Lecture** | | | |  | |  | | | | |
| **Nonlinguistic Representations** | | | |  | |  | | | | |
| **Peer Evaluation** | | | |  | |  | | | | |
| **Project Based Learning** | | | |  | |  | | | | |
| **Question/Answer** | | | |  | |  | | | | |
| **Similarities/Differences** | | | |  | |  | | | | |
| **Student Presentations** | | | |  | |  | | | | |
| **Summarizing/Note Taking** | | | |  | |  | | | | |
| **Observations** | | | | | | | | | | |
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| **Feedback** | | | | | | | | | | | | | |
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| **School Counselor's Signature/Date** | | | | | | |  | **Observer’s Signature/Date** | | | | | |
| **Signatures indicate the document has been reviewed and discussed.** | | | | | | | | | | | | | |