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| Observation Form |

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| Educator Evaluation Observation # Choose an item. | | | | |
| **Name:** Click or tap here to enter text. | | | **Time/Location:** Click or tap here to enter text. | |
| **Grade/Role:** Click or tap here to enter text. | | | **Discipline/Focus:** Click or tap here to enter text. | |
| Cohort 1 (Pre-Post- Conference Required)  Cohort 2 (Post-Conference Required)  Additional Site Visit (Pre-/Post-Conference Optional) | | | | |
| **Pre-Observation**  *Completed by Educator (as needed/required)* | | | | |
| Lesson Plan/Meeting Plan \*Upload and provide hyperlink here, as appropriate | Click or tap here to enter text. | | | |
| Pre-Conference Notes including the identified competency focus for the observation. | Click or tap here to enter text. | | | |
| **Observation  *Completed by the Evaluator*** | | | | |
| Click or tap here to enter text. | | | | |
| **Post-Observation Reflection *Completed by the Educator*** | | | | |
| What does today’s evidence tell you? | Click or tap here to enter text. | | | |
| Are their patterns, trends, or outliers? | Click or tap here to enter text. | | | |
| How will our collaborative reflection help you move forward and apply your learning in your next steps? | Click or tap here to enter text. | | | |
| **Post-Observation Conference Feedback *Completed by the Evaluator*** | | | | |
| Click or tap here to enter text. | | | | |
| **Evidence of Strengths** | | **Single-Point Competencies *Completed by the Evaluator*** | | **Evidence for Growth and/or Next Steps** |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. |
| Click or tap here to enter text. | | Click or tap here to enter text. | | Click or tap here to enter text. |