***Observation/Evidence Collection Form for Teachers***

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| Instructor | Program site |
| Time and date of observation | Program typeAHSCDP GED® ESL ABE Citizenship PIP  |
| Topic of lesson/unit: | Type of observation\*Formal Informal Review of Practice |
| ***Promoting a positive learning environment that is respectful and equitable**** **Rapport & Positive Interactions**
* **Respect for student diversity**
* **Environment is supportive of intellectual risk-taking**
* **High expectations for student learning**
 | Notes/observable evidence*(What did teacher do? What did students do?)* |
| ***Leading students to construct meaning and apply new learning through the use of a variety of differentiated and evidence-based learning strategies.**** **Level of Strategies, tasks, questions**
* **Instructional resources and grouping**
* **Student responsibility and independence**
 | Notes/observable evidence*(What did teacher do? What did students do?)* |
| **Preliminary rating for Learning Environment**  \_\_\_Below Standard \_\_\_ Developing \_\_\_Proficient \_\_\_Exemplary*(see descriptions of each rating level in evaluation plan)* |
| **Preliminary rating for Instructional for Active Learning** \_\_\_Below Standard \_\_\_ Developing \_\_\_Proficient \_\_\_Exemplary *(see descriptions of each rating level in evaluation plan)* |
| **Holistic/overall rating** \_\_\_Below Standard \_\_\_ Developing \_\_\_Proficient \_\_\_Exemplary |
| Comments  |
| **Next steps** (required for Below Standard and Developing) |
| Improvement goal focus |

Received by **teacher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

 Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person completing evaluation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (printed name)

Complimentary evaluator? Yes No Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluation received by **Program Director** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (initials) (date)