PRE-OBSERVATION FORM FOR TEACHERS

Teacher: **Evaluator:**

Grade(s) **Subject Area(s)**

Complete this form and provide a copy to your evaluator before the pre-observation conference. Attach your detailed lesson plan, assessments, and any other applicable documents.

How does this lesson fit into the sequence of learning in your classroom?

How will you determine student progress in meeting the goals for this lesson?

For the class as a whole, what challenges are presented and how are you addressing them?

Are there any characteristics of the physical space that may negatively impact student learning? If yes, please describe.

Additional comments or information that you would like to share with your evaluator. (Optional)

Teacher's Initials: **Evaluator's Initials:** **Date of Conference:**