

PRE-OBSERVATION FORM

Educator _____ Supervisor _____

School Year _____ School Location _____

Date and Time of Visit _____ Subject or Class _____

I. OBJECTIVE(S) OF THE LESSON

II. INSTRUCTIONAL PROCEDURES TO BE USED

III. HOW STUDENT ACHIEVEMENT OF OBJECTIVES WILL BE ASSESSED

IV. SPECIFIC AREAS FOR OBSERVATION

V. OTHER INFORMATION NEEDED BY OBSERVER
(Includes data collection techniques to be used if appropriate)

Educator's Signature

Date

Supervisor's Signature

Date