

Classroom Observation Assessment Form

Observer Name

Teacher Name

Date of Observation

Subject / Course

Grade / Level

Observation Criteria

Criteria	Observed	Comments
Lesson Planning & Preparation	<input type="text"/>	<input type="text"/>
Classroom Management	<input type="text"/>	<input type="text"/>
Instructional Methods	<input type="text"/>	<input type="text"/>
Student Engagement	<input type="text"/>	<input type="text"/>
Assessment & Feedback	<input type="text"/>	<input type="text"/>

Strengths Observed

Areas for Improvement

| Additional Comments