Classroom Observation Form

Observer Name

Teacher Name

Date

Time

e.g. 10:00 AM - 11:00 AM

Subject/Class

Grade/Level

Observation Criteria

Criteria	Yes	No	Comments
Lesson Objectives clearly stated	☐	☐	
Classroom management	☐	☐	
Student engagement	☐	☐	
Effective use of instructional materials	☐	☐	
Assessment of student understanding	☐	☐	

Strengths Observed

Suggestions for Improvement

Additional Notes

Observer's Signature

Date