Classroom Walkthrough Observation Sheet

Observer Name

Date

Time

Teacher Name

Subject

Grade/Level

General Observations

Enter your general observations here...

Classroom Environment

Criteria	Yes	No	Comments
Classroom organized	☐	☐	
Positive classroom climate	☐	☐	
Student work displayed	☐	☐	

Instructional Practices

Criteria	Observed	Comments
Clear learning objectives	☐	

Student engagement	☐	
Differentiation	☐	
Use of instructional materials	☐	

Student Behavior

Criteria	Observed	Comments
On-task behavior	☐	
Respectful interaction	☐	

Additional Comments

Other observations or feedback...