

Educator Performance Observation Checklist

Educator Name:

Date:

Observer Name:

Subject / Class:

Performance Criteria

Criteria	Observed	Comments
Lesson Preparation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Classroom Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Content Knowledge	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Student Engagement	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Assessment & Feedback	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Strengths Observed

Areas for Improvement

Additional Comments:

Observer Signature:

