

Instructional Practice Observation Sheet

Observer Name

Date

Teacher Name

Class/Subject

Observation Criteria

Criteria	Evidence/Notes
Lesson Objectives Clearly Stated	<input type="text"/>
Instructional Strategies	<input type="text"/>
Student Engagement	<input type="text"/>
Classroom Management	<input type="text"/>
Use of Assessment	<input type="text"/>
Differentiation	<input type="text"/>
Other Observations	<input type="text"/>

Strengths

Areas for Improvement

Observer Signature

(Type or sign name)

Date