

# Teacher Evaluation Observation Template

Teacher Name: \_\_\_\_\_

Observer Name: \_\_\_\_\_ Date: \_\_\_\_\_

Subject: \_\_\_\_\_ Grade: \_\_\_\_\_ Period: \_\_\_\_\_

## Classroom Observation

Criteria	Observed	Comments
Lesson Planning & Preparation		
Classroom Management		
Instructional Delivery		
Assessment & Feedback		
Student Engagement		
Differentiation		
Professionalism		

## Strengths Observed

## Areas for Growth

## Additional Comments

Observer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_