

PRE-OBSERVATION WORKSHEET

Mentee or Mentor to complete this form *prior to scheduled observation* and send to mentee/mentor.

Name:

Mentee Mentor

School:

Observation Date

Observation Time

1. What are the lesson/activity objectives?
2. What teaching/learning activities will be used?
3. How does the lesson/activity plan provide for students to engage in work?
What will the students do?
4. How are you going to check student understanding and mastery of objectives?
5. Are there any skills/strategies you especially want monitored?
6. Are there any special circumstances of which the mentor/mentee should be aware?

NOTES:

Mentee Signature/Date

Mentor Signature/Date

Date of post-observation conference: _____

Signatures indicate the data has been read and discussed. Copies to mentor and mentee.
Reminder to mentors/mentees to ask for release time from supervisor by email to observe.

Observation Form

Checklist to be completed at time of observation

Mentee Mentor

Date of Observation:

School :

Observation Time:

| Observation Checklist | Observed | Not Observed | Not Applicable |
|---|--------------------------|--------------------------|--------------------------|
| Stated lesson/activity objectives were clearly met | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Stated teaching /learning activities were implemented | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Students were appropriately engaged in work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Students appeared to have an understanding and/or mastery of lesson/activity objectives | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Monitored skills/strategies mentee/mentor requested on pre-observation worksheet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Special circumstances identified by mentee/mentor on pre-observation worksheet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Comments:

Mentee Signature/Date

Mentor Signature/Date

Mentor/Mentee Reflection Sheet

*(A Reflection Sheet should be completed by **both the mentee and mentor** following each observation and taken to the post-observation conference.)*

Name:

School:

Mentor Mentee

Grade:

Subject:

Activity:

Date:

1. As I reflect on the lesson/activity, to what extent are the students productively engaged in the work? How do I know?

2. Did the lesson/activity allow for students to engage in activities and learning situations which were consistent with the IEP?

3. What feedback did I receive from students indicating they achieved understanding and that the goal/objectives were met for this lesson?

4. Did I adjust my goals or my work as I taught the lesson/activity? Why? How?

5. If I had the opportunity to teach this lesson/activity again to this same group of students, what could I/they do differently?

6. If there was one thing from this lesson/activity that I could share with a colleague, what would it be?

If more space is needed, please add additional pages.

