***Observation/Evidence Collection Form for Teachers***

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| Instructor | Program site |
| Time and date of observation | Program type  AHSCDP GED® ESL ABE Citizenship PIP |
| Topic of lesson/unit: | Type of observation\*  Formal Informal Review of Practice |
| ***Promoting a positive learning environment that is respectful and equitable***   * **Rapport & Positive Interactions** * **Respect for student diversity** * **Environment is supportive of intellectual risk-taking** * **High expectations for student learning** | Notes/observable evidence  *(What did teacher do? What did students do?)* |
| ***Leading students to construct meaning and apply new learning through the use of a variety of differentiated and evidence-based learning strategies.***   * **Level of Strategies, tasks, questions** * **Instructional resources and grouping** * **Student responsibility and independence** | Notes/observable evidence  *(What did teacher do? What did students do?)* |
| **Preliminary rating for Learning Environment**  \_\_\_Below Standard \_\_\_ Developing \_\_\_Proficient \_\_\_Exemplary  *(see descriptions of each rating level in evaluation plan)* | |
| **Preliminary rating for Instructional for Active Learning**  \_\_\_Below Standard \_\_\_ Developing \_\_\_Proficient \_\_\_Exemplary  *(see descriptions of each rating level in evaluation plan)* | |
| **Holistic/overall rating**  \_\_\_Below Standard \_\_\_ Developing \_\_\_Proficient \_\_\_Exemplary | |
| Comments | |
| **Next steps** (required for Below Standard and Developing) | |
| Improvement goal focus | |

Received by **teacher:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Person completing evaluation** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(printed name)

Complimentary evaluator? Yes No Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evaluation received by **Program Director** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(initials) (date)