**OBSERVATION CHECKLIST FORM**

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| **Date:** | **Student Teacher:** | **Class:** | **Period:** |
| **Observer:** | | **School:** | |

**Evidence or Suggestions**

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| 1. Began lesson effectively. |  |
| 2. Clearly stated the objectives and purpose of each activity. |  |
| 3. Demonstrated expressive, animated, and articulate oral expression. |  |
| 4. Explained the directions for activities clearly. |  |
| 5. Encouraged equitable student participation. |  |
| 6. Gave adequate time for student response. |  |
| 7. Moved around classroom appropriately. |  |
| 8. Effectively checked for understanding. |  |
| 9. Used a variety of instructional techniques. |  |
| 10. Maintained smooth transitions. |  |
| 11. Consistently monitored student behavior. |  |
| 12. Explained content clearly. |  |
| 13. Closed the lesson effectively. |  |