**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.  |  |