Teacher Observation Form

[](http://www.apsva.us/aps)Directions: Evaluators use this form to document observations of the teacher in accordance with the evaluation process. This form focuses on the seven performance standards. Some standards may not be documented in a single observation. Once completed, a copy of this form will be given to the teacher.

Teacher: Date:

School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Observer: Class/Time:

Lesson Topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| 1: **Professional Knowledge** - *The teacher demonstrates an understanding of the curriculum, subject content, and the developmental needs of students by providing relevant learning experiences.* |
| Specific Evidence/Comments: |

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| **2: Instructional Planning** - *The teacher plans using the Virginia Standards of Learning, APS curriculum, effective strategies, resources, and data to meet the needs of all students.* |
| Specific Evidence/Comments: |

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| **3: Instructional** Delivery - *The teacher effectively engages students in learning by using a variety of instructional strategies in order to meet individual learning needs.* |
| Specific Evidence/Comments: |

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| **4: Assessment of and for Student Learning** - *The teacher systematically gathers, analyzes, and uses all relevant data to measure student academic progress, guide instructional content and delivery methods, and provide timely feedback to both students and parents/guardians throughout the school year.* |
| Specific Evidence/Comments: |

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| **5: Learning Environment** - *The teacher uses resources, routines, and procedures to provide a respectful, positive, safe, student-centered environment that is conducive to learning.* |
| Specific Evidence/Comments: |

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| **6: Professionalism** - *The teacher maintains a commitment to professional ethics, communicates effectively, and takes responsibility for and participates in professional growth that results in enhanced student learning. Teachers collaborate with peers and exhibit professionalism in working with students, parents/guardians, and colleagues.* |
| Specific Evidence/Comments: |

Teacher’s Signature\*: Date:

\*Signifies that the teacher has read and received this report.

Observer’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

Print or Type Observer’s Name: