## PRE-OBSERVATION WORKSHEET

|  | <b>== #1</b>  | <b>#2 #3</b>               | (choose observation number) |  |
|--|---|----------------------------|-----------------------------|--|
| (Completed by teacher and given to evaluator prior to observation) |   |                            |                             |  |
| Teacher:Building/Administrator:                                    |   | Subject/Grade              |                             |  |
|  |   | Date:                      |                             |  |
| 1.   | . What are the objectives for the lesson?   |                            |                             |  |
| 2.   | How do these objectives support the district/school mission, content standards, and/or grade level/department outcomes? (Choose one and explain.) |                            |                             |  |
| 3.   | How will you assess student learning relative to the lesson objective(s)?   |                            |                             |  |
| 4.   | . What are the special learning needs of the  | students in this class?    | ,                           |  |
| 5.   | . Is there anything specific you would like t   | the evaluator to watch for | r?                          |  |
| 6.   | <ul> <li>How does the classroom environment you</li> <li>the physical environment</li> </ul>  | have created support lea   | arning?                     |  |
|  | management of materials/curriculum  |                            |                             |  |
|  | <ul> <li>management of students/educational a</li> </ul>  | ssistants and others       |                             |  |