## CAP Observation Form: Completed by Supervisor after each observation

(for Online Platform users, this form must be completed within the platform)

| **Name: Date:** |
| --- |
|  |
| Observation #: \_\_\_ | Type (Announced/Unannounced): |
| Observed By: |  |
| Focus Elements: |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
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 | 1.A.1: Subject Matter Knowledge |

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 | 2.B.1: Safe Learning Environment |
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 | 1.A.3: Well-Structured Units and Lessons |

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 | 2.E.1: High Expectations |
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 | 1.B.2: Adjustments to Practice |

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 | 4.A.1: Reflective Practice |
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 | 2.A.3: Meeting Diverse Needs |  |  |

 |
| Date of Lesson: |  | Time (start/end): |  |
| Content Topic/Lesson Objective: |
|

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| --- |

 | Whole Group |

|  |
| --- |

 | Small Group |

|  |
| --- |

 | One-on-One |

|  |
| --- |

 | Other |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |

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|  |
| *Active Evidence Collection occurred during the observation and is synthesized and categorized below.* |
|  |
| **Element** | **Evidence** |
| 1.A.1 |  |
| 1.A.3 |  |
| 1.B.2 |  |
| 2.A.3 |  |
| 2.B.1 |  |
| 2.E.1 |  |
| 4.A.1 |  |

| **Focused Feedback** |
| --- |
| Reinforcement Area/Action:*(strengths)* |  |
| Refinement Area/Action:*(areas for improvement)* |  |

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