## 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: | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | |  | | --- | | 1.A.1: Subject Matter Knowledge | |  | | --- | | 2.B.1: Safe Learning Environment | | |  | | --- | | 1.A.3: Well-Structured Units and Lessons | |  | | --- | | 2.E.1: High Expectations | | |  | | --- | | 1.B.2: Adjustments to Practice | |  | | --- | | 4.A.1: Reflective Practice | | |  | | --- | | 2.A.3: Meeting Diverse Needs |  |  | | | | | |
| Date of Lesson: |  | | | Time (start/end): |  |
| Content Topic/Lesson Objective: | | | | | |
| | |  | | --- | | Whole Group | |  | | --- | | Small Group | |  | | --- | | One-on-One | |  | | --- | | Other | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | | | | | |
|  | | | | | |
| *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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