

Teacher Candidate:		Date:		
Observation # _____		Type (circle): Announced/Unannounced/Additional		
Observed by: role(s) and signature(s)				
Focus Elements:	Check box as appropriate to Observation Visit			
	<input type="checkbox"/>	1.A.4: Well-Structured Lesson (#1 Announced, #1 Unannounced)	<input type="checkbox"/>	2.B.1 Safe Learning Environment (#1 Unannounced)
	<input type="checkbox"/>	1.B.2: Adjustment to Practice (#2 Announced, #2 Unannounced)	<input type="checkbox"/>	2.D.2: High Expectations (#1 Announced)
<input type="checkbox"/>	2.A.3: Meeting Diverse Needs (#2 Announced)	<input type="checkbox"/>	4.A.1: Reflective Practice	
Date of Lesson:		Time (start/end):		
Content Topic/Lesson Objective:				
<input type="checkbox"/>	Whole Group	<input type="checkbox"/>	Small Group	
<input type="checkbox"/>		<input type="checkbox"/>	One-on-One	
<input type="checkbox"/>		<input type="checkbox"/>	Other	

Active Evidence Collection occurred during the observation and is synthesized and categorized below.

Element	Evidence
1.A.4 Well Structured Lessons	
1.B.2 Adjustment to Practice	
2.A.3 Meeting Diverse Needs	
2.B.1 Safe Learning Environment	
2.D.2 High Expectations	
4.A.1 Reflective Practice	

Focused Feedback	
Reinforcement Area/Action: <i>(strengths)</i>	
Refinement Area/Action: <i>(areas for improvement)</i>	

Original and completed Observation Form must be returned to the candidate for inclusion in the Licensure Application Packet