

**INDIANA UNIVERSITY OF PENNSYLVANIA
ELEMENTARY EDUCATION
LESSON OBSERVATION FORM**

Pre/Student Teacher _____
District/Building _____
Cooperating Teacher _____
University Supervisor _____

Date _____
Subject _____
Grade _____
Observation Time _____ to _____

In this lesson, the pre-student teacher/student teacher was able to:

1. Plan instruction appropriate to the discipline.

(focuses on long range planning around appropriate outcomes; exhibits a strong knowledge base; relates concepts to prior knowledge; provides applications to the real world; plans for a variety of instructional strategies and ongoing assessments) learning)

2. Implement the planned lesson.

(presents a developmentally appropriate lesson in a logical and sequential manner; utilizes appropriate timing and pacing; solicits on task behavior; provides transitions between learning experiences; uses complementary materials skillfully; assesses student

3. Adapt instruction, as evident in the planning and implementation of the lesson.

(accommodates diverse needs and cultures; monitors student learning and adapts instruction accordingly)

4. Establish positive rapport with and among students.

(respects students; communicates high positive expectations; uses appropriate management strategies; listens and responds effectively; creates a community of learners)

5. Empower students.

(provides opportunities for students to be actively engaged in learning through creative thinking, decision-making, questioning, and reflection)

6. Utilize effective communication strategies.

(communicates a passion for teaching; stimulates student-centered discussion that enhances learning; uses school-appropriate language; uses verbal and non-verbal techniques effectively)

7. Demonstrate professionalism.

(works collaboratively in the school setting; dresses appropriately; adheres to the departmental code of ethics; reflects on classroom experiences; continues professional growth and development; adheres to school policies)

**ELEMENTARY EDUCATION
LESSON OBSERVATION FORM
SUMMARY**

A. Areas of Strength

B. Suggestions for Growth

Immediate Goals

Long Term Goals

C. Formative Evaluation (Mark the numeral of each category from page 1 on the line.)

Less than Adequate	Adequate	Good	Outstanding
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Signature of Observer

Date

I **have had** the opportunity to discuss this observation with the observer.

Signature of Student Teacher

Date

or

I **have not had** the opportunity to discuss this observation with the observer.

Signature of Student Teacher

Date

1st Copy-Student Teacher; Copy 2-Cooperating Teacher; Copy 3-University Supervisor; Copy 4-Office of Educational College/School Partnerships.