

INTERIM REPORT- FORM A

<b>TEACHER CLASSROOM OBSERVATION RECORD</b>
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(Confidential)

NAME OF TEACHER: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

NAME OF TEAM LEADER: \_\_\_\_\_ FORM/CLASS \_\_\_\_\_

DATE OF OBSERVATION: \_\_\_\_\_

SUBJECT: \_\_\_\_\_ TIME OF LESSON: \_\_\_\_\_

TOTAL NO. OF STUDENTS: \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_

The teacher should see this instrument prior to observation and agree to the areas of focus (general and specific) for observation. There are three main general areas of focus that are divided into specific areas. **Choose no more than two specific areas from each general area.**

	GENERAL AREAS	SPECIFIC AREAS
1	<b>Planning and Preparation</b>	Lesson Objectives Knowledge of Subject Methods and Materials Meeting Individual Needs Lesson Evaluation
2	<b>Instructional Skills</b>	Organization of Instruction Use of Resource Materials Questioning Technique Students Participation Closure
3	<b>Classroom Management and Control</b>	Management of Time Classroom Atmosphere Discipline Classroom presence

Indicate the specific area of focus being observed and complete comments for each area.

# PLANNING AND PREPARATION

SPECIFIC FOCUS .....

COMMENTS:

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SPECIFIC FOCUS .....

COMMENTS:

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Indicate the specific area of focus being observed and complete comments for each area.

# INSTRUCTIONAL SKILLS

SPECIFIC FOCUS .....

COMMENTS:

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SPECIFIC FOCUS .....

COMMENTS:

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Indicate the specific area of focus being observed and complete comments for each area.

# CLASSROOM MANAGEMENT AND CONTROL

SPECIFIC FOCUS .....

COMMENTS:

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SPECIFIC FOCUS .....

COMMENTS:

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Team Leader's General Comments

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Team Leader's Signature \_\_\_\_\_ POST \_\_\_\_\_ Date \_\_\_\_\_

Signature of other Team Members

NAME \_\_\_\_\_ POST \_\_\_\_\_ Date \_\_\_\_\_

NAME \_\_\_\_\_ POST \_\_\_\_\_ Date \_\_\_\_\_

Peer's<sup>1</sup>  
Signature \_\_\_\_\_ Date \_\_\_\_\_

<p><b>TEACHER'S COMMENTS</b>  <i>All teachers have the right to respond to any comment(s)/assessment(s) with which they do not agree</i></p>

**I have been observed after a Pre and Post Conference session and have received a copy of this Interim Report**

YES

NO

Teacher's  
Signature \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> A peer is optional, and only part of the Evaluation Team at the teacher's request.