TEAM Educator Observation Form

Observer _____ Announced ☐ Unannounced ☐

Teacher Observed _____ _____

School Name _____ Observation Number _____

Date: ___/____/_____ Time: _____

Designing and Planning Instruction	Observer Score	Self Score
Instructional Plans (IP)		
Student Work (SW)		
Assessment (AS)		
Learning Environment	**Observer Score**	**Self Score**
Expectations (EX)		
Managing Student Behavior (MSB)		
Environment (ENV)		
Respectful Culture (RC)		
Instruction	**Observer Score**	**Self Score**
Standards and Objectives ((SO)		
Motivating Students (MS)		
Presenting Instructional Content (PIC)		
Lesson Structure and Pacing ((LS)		
Activities and Materials (ACT)		
Questioning (QU)		
Academic Feedback (FEED)		
Grouping Students (GRP)		
Teacher Content Knowledge (TCK)		
Teacher Knowledge of Students (TKS)		
Thinking (TH)		
Problem Solving (PS)		

Reinforcement Objective:
Indicator: _____
Notes:

Refinement Objective:
Indicator: _____
Notes:

Observer Reflection on Observation (Optional):

Teacher Reflection on Observation (Optional):

Observer Signature _____ Date _____

Teacher Signature _____ Date _____