

***Observation/Evidence Collection Form for Teachers***

Instructor	Program site
Time and date of observation	Program type AHSCDP GED® ESL ABE Citizenship PIP
Topic of lesson/unit:	Type of observation*  Formal                      Informal Review of Practice
<b><i>Promoting a positive learning environment that is respectful and equitable</i></b> <ul style="list-style-type: none"><li>• <b>Rapport &amp; Positive Interactions</b></li><li>• <b>Respect for student diversity</b></li><li>• <b>Environment is supportive of intellectual risk-taking</b></li><li>• <b>High expectations for student learning</b></li></ul>	Notes/observable evidence  <i>(What did teacher do? What did students do?)</i>

***Leading students to construct meaning and apply new learning through the use of a variety of differentiated and evidence-based learning strategies.***

- **Level of Strategies, tasks, questions**
- **Instructional resources and grouping**
- **Student responsibility and independence**

Notes/observable evidence

*(What did teacher do? What did students do?)*

--	--

**Preliminary rating for Learning Environment**

Below Standard    Developing    Proficient    Exemplary

*(see descriptions of each rating level in evaluation plan)*

**Preliminary rating for Instructional for Active Learning**

Below Standard    Developing    Proficient    Exemplary

*(see descriptions of each rating level in evaluation plan)*

**Holistic/overall rating**

Below Standard    Developing    Proficient    Exemplary

Comments

**Next steps** (required for Below Standard and Developing)

Improvement goal focus

Received by **teacher:** \_\_\_\_\_ Date \_\_\_\_\_

Printed name \_\_\_\_\_

**Person completing evaluation** \_\_\_\_\_  
(printed name)

Complimentary evaluator? Yes No Date \_\_\_\_\_

Evaluation received by **Program Director** \_\_\_\_\_  
(initials) (date)