

Classroom Observation Form for Teachers

Observer Details: _____

Date: _____

Teacher Being Observed: _____

Subject and Grade Level: _____

Classroom Setup Assessment:

- Optimal layout for learning
- Sufficient instructional materials
- Proper lighting and ventilation
- Modifications needed: _____

Session Duration: _____

Lesson Observation:

- Main activities: _____
- Teacher's approach: _____
- Student reactions: _____

Evaluation Areas:

- Instructor Effectiveness:
 - Details: _____
- Learning Environment:

- Details: _____

General Comments:

- _____
- _____