

Sample Lesson Observation Form PDF

Observer Information:

- Name: _____
- Date: _____
- Time: _____
- Subject: _____

Teacher Information:

- Name: _____
- Grade Level: _____

Lesson Focus:

- Topic: _____
- Goals: _____
- Materials: _____

Instructional Methods:

Method	Observed	Comments
Lecture	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Group Discussion	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

Hands-on Activity	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No	_____
Technology Use	<input type="checkbox"/> Yes <input type="checkbox"/> <input type="checkbox"/> No	_____

Student Participation:

- Active Engagement: Yes No
- Collaboration: Yes No
- Questioning: Yes No

Classroom Management:

- Classroom Arrangement: _____
- Behavior Management: _____

Assessment and Feedback:

- Methods Used: _____
- Effectiveness: _____

Strengths Observed:

Areas for Growth:

General Comments:

Observer's Signature:
