# School Services Personnel Observation Form

Observer ____________________________________

Educator Observed __________________________

School Name _____________________________________ Observation Number ____________

Date: ___/____/_____   Time: _____________

## Planning of Services

<table>
<thead>
<tr>
<th>Services</th>
<th>Observer Score</th>
<th>Self Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scope of Work (SOW)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Analysis of Work Products (AWP)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluate Services and/or Program (EVAL)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Environment

<table>
<thead>
<tr>
<th>Environment</th>
<th>Observer Score</th>
<th>Self Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expectations (EX)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Managing Student Behavior (MSB)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Environment (ENV)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respectful Culture (RC)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Delivery of Services

<table>
<thead>
<tr>
<th>Services</th>
<th>Observer Score</th>
<th>Self Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standards and Objectives (SO)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Motivating Students (MS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Delivery of Professional Services (DPS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service Structure and Pacing (SS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Activities and Materials (ACT)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communication (COM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Consultation (CON)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Developing Educational Plans for Students (DEV)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Content Knowledge (CK)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Knowledge of Students (KS)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organization of Services (ORG)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problem Solving (PS)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**Reinforcement Objective:**
Indicator: _______________________________
Notes: _______________________________

**Refinement Objective:**
Indicator: _______________________________
Notes: _______________________________
Observer Reflection on Observation (Optional):

Teacher Reflection on Observation (Optional):

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Observer Signature _________________________________ Date ___________________

Educator Signature _________________________________ Date ___________________