

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):

Adapted from National Institute for Excellence in Teaching. Do not duplicate without permission.

Observer Signature _____

Date _____

Teacher Signature _____

Date _____