

Instructional Practices (Visible Learning) Observation Form - Non-core, Electives, CTE

School	
Teacher Last Name	
Collab Teacher Last Name (if applicable)	
Observer Last Name	
Grade Level	<input type="checkbox"/> Multi-grade Classroom, Elem. <input type="checkbox"/> Multi-grade Classroom, Middle <input type="checkbox"/> Multi-grade Classroom, High <input type="checkbox"/> K <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12
Start Time	
Curriculum Content Area	<input type="checkbox"/> Library <input type="checkbox"/> Art <input type="checkbox"/> PE <input type="checkbox"/> Music <input type="checkbox"/> Technology <input type="checkbox"/> CTE <input type="checkbox"/> Foreign Language <input type="checkbox"/> Other
Instructional Setting	<input type="checkbox"/> Whole Group <input type="checkbox"/> Small Group <input type="checkbox"/> Individual
Learning Intentions	<input type="checkbox"/> Learning intention posted <input type="checkbox"/> Learning intention are clear to students <input type="checkbox"/> Learning intention are aligned to lesson activities



	<input type="checkbox"/> Not Observed
Learning Intentions Notes	
Success Criteria	<input type="checkbox"/> Success Criteria posted <input type="checkbox"/> Success Criteria are clear to students <input type="checkbox"/> Success Criteria are aligned to lesson activities <input type="checkbox"/> Not Observed
Success Criteria Notes	
Instructional Practices	
Delivery Type	<input type="checkbox"/> Discovery/Inquiry <input type="checkbox"/> Discussion <input type="checkbox"/> Lecture <input type="checkbox"/> Modeling/Demonstration <input type="checkbox"/> Not Observed
Teacher Engagement	<input type="checkbox"/> Active Supervision (scans/interacts) <input type="checkbox"/> Adequate Wait Time <input type="checkbox"/> Engaging Pace <input type="checkbox"/> Limited Teacher Talk <input type="checkbox"/> Not Observed
Scaffold Instruction	<input type="checkbox"/> Chunking/Tasks Broken Down <input type="checkbox"/> Modeling <input type="checkbox"/> Partnering <input type="checkbox"/> Prompting <input type="checkbox"/> Visual Aides <input type="checkbox"/> Not Observed
Instructional Practices of the Teacher Notes	
Student Actions	
Student Engagement	<input type="checkbox"/> Active Student Participation Observed <input type="checkbox"/> Citizenship/Real World Connection <input type="checkbox"/> Collaboration <input type="checkbox"/> Communication <input type="checkbox"/> Creativity <input type="checkbox"/> Critical Thinking <input type="checkbox"/> Not Observed
Learning Activities	<input type="checkbox"/> Rigorous <input type="checkbox"/> Relevant <input type="checkbox"/> Blended Learning <input type="checkbox"/> Cooperative Work



	<input type="checkbox"/> Demonstration <input type="checkbox"/> Discussion <input type="checkbox"/> Explicit Vocabulary Instruction <input type="checkbox"/> Hands-on Activity/Materials <input type="checkbox"/> Instructional Technology Use by Students <input type="checkbox"/> Lab <input type="checkbox"/> Reading <input type="checkbox"/> Worksheet <input type="checkbox"/> Writing <input type="checkbox"/> Not Observed
Student Actions Notes	
Formative Assessment (Checks for Understanding)	
Checks for Understanding	<input type="checkbox"/> Frequent Checks for Understanding <input type="checkbox"/> Checks for Understanding Not Observed
Opportunities to Respond	<input type="checkbox"/> 3, 2, 1 Strategy <input type="checkbox"/> Exit slips <input type="checkbox"/> Graphic Organizer <input type="checkbox"/> Hands-on Activity <input type="checkbox"/> Observations <input type="checkbox"/> Performance Task <input type="checkbox"/> Questioning <input type="checkbox"/> Quiz <input type="checkbox"/> Running Records <input type="checkbox"/> Summary <input type="checkbox"/> Total Participation Technique <input type="checkbox"/> Turn and Talk <input type="checkbox"/> Not Observed <input type="checkbox"/> Other: _____
Feedback	
Feedback	<input type="checkbox"/> Effective feedback given (immediate, specific, focused, positive) <input type="checkbox"/> Ineffective feedback given <input type="checkbox"/> Not observed
If "Ineffective Feedback given" was chosen, describe the feedback here.	
Lesson Wrap-up/Closure	<input type="checkbox"/> Lesson Wrap-up/Closure was effective <input type="checkbox"/> Lesson Wrap-up/Closure was ineffective <input type="checkbox"/> Lesson Wrap-up/Closure not was observed
Follow Up Needed	<input type="checkbox"/> Follow-up observation <input type="checkbox"/> Follow-up meeting <input type="checkbox"/> Other: _____



Notes	
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