

**LESSON REFLECTION FORM  
WEBSTER GROVES SCHOOL DISTRICT**

<b>Teacher</b>	<b>School</b>
<b>Grade/Subject/Course</b>	<b>Date</b>
<b>Administrator/Supervisor</b>	
1. Did my students learn what I intended? Were my lesson goals met? How do I know?	
2. Were my questioning and discussion techniques effective? What improvements could I make?	
3. Were my students engaged in learning? How could I tell?	
4. What feedback did I provide to my students?	
5. Was there a part of the lesson where I needed to be flexible or make adaptations? Explain.	
6. As I reflect on the lesson, would I teach the lesson the same way again?	
7. Other comments:	

\_\_\_\_\_  
Teacher's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator's/Supervisor's signature

\_\_\_\_\_  
Date

Signature(s) indicates the above has been reviewed and discussed. Copies to teacher and administrator / supervisor.