

**PRE-OBSERVATION FORM
WEBSTER GROVES SCHOOL DISTRICT
(To be completed by teacher, prior to observation)**

Teacher	School
Grade/Subject/Course	Date
Administrator/Supervisor	
District curriculum objective(s)	
1. What content and instruction practices/methods will be used?	
2. Describe the students in the class.	
3. What is the lesson objective?	
4. What resources were used in planning?	
5. Describe the plan of instruction.	
6. How will student learning be assessed?	
7. Describe any special circumstances of which the observer should be aware?	
8. Is there anything in particular you want observed?	
_____ 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.	