Revised August 1, 2022

Lakewood School District
2024-2025
Classroom Teacher Observation/Evaluation Form

Name:

Observation Report: Unannounced

Grade/Subject/Level:

Time:

School:

Years in District:

Evaluator: Tova Feifer

Co-Evaluator:

Number of Pupils:

Date:

Tenured/Non-Tenured Teacher:

Observation Number _____ for 2024-2025

LESSON SUMMARY

Posted Objective:

Posted DOL:

Is the objective aligned and on target with the BOE approved Lakewood School District Curriculum? Yes

Narrative:

Teacher's Initials: _____ Date: _____ Evaluator's Initials: _____ Date: _____

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Classroom Teacher Observation/Evaluation Form

Components for Effective Instruction

DOMAIN 1: PLANNING AND PREPARATION – 10% Weighted

	Exact Score
Domain 1 includes: Knowledge of content, learning outcomes, design of lessons and units, design of assessments	

DOMAIN 1 EVIDENCE:

DOMAIN 2: CLASSROOM ENVIRONMENT- 40% Weighted

	Exact Score
2a: Creating an Environment of Respect and Rapport	
2b: Establishing a Culture for Learning	
2d: Managing Student Behavior	

DOMAIN 2 EVIDENCE:

2a: Creating an Environment of Respect and Rapport

Teacher's Initials: _____ Date: _____ Evaluator's Initials: _____ Date: _____

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2b: Establishing a Culture for Learning

2d: Managing Student Behavior

DOMAIN 3: INSTRUCTION- 40% Weighted

	Exact Score
3a: Communicating with Students	
3b: Using Questioning and Discussion Techniques	
3c: Engaging Students in Learning	
3d: Using Assessment in Instruction	

DOMAIN 3 EVIDENCE:

3a: Communicating with Students

3b: Using Questioning and Discussion Techniques

3c: Engaging Students in Learning

3d: Using Assessment in Instruction

DOMAIN 4: PROFESSIONAL RESPONSIBILITIES - – 10% Weighted

	Exact Score
4b: Maintaining Accurate Records	
4c: Communicating with Families	
4d: Participating in a Professional Community	
4e: Growing and Developing Professionally	
4f: Showing Professionalism	

DOMAIN 4 EVIDENCE:

4B: Maintaining Accurate Records
4C: Communicating with Families
4D: Participating in a Professional Community

Teacher's Initials: _____ Date: _____ Evaluator's Initials: _____ Date: _____

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4E: Growing and Developing Professionally
4F: Showing Professionalism

RECOMMENDATIONS:

It was an absolute pleasure spending time with you and your students!

The following are the positive teaching practices that were noted during this observation:

Please consider the following recommendations as you continue to refine your instructional practices:

STUDENT ACHIEVEMENT DATA:

Teacher Comments:

Pre-Observation Conference Date: N/A

Observation Date:

Teacher's Initials: _____ Date: _____ Evaluator's Initials: _____ Date: _____

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Post-Observation Conference Date:

Date Given To Staff Member:

Attendance Data for School Year 2024 – 2025

Sick: **Personal:** **Professional:**

Years in District: **Accrued Sick Leave:** **Accrued Personal Leave:**

Evaluator's Signature: _____ **Date:** _____

Teacher's Signature: _____ **Date:** _____

(Teacher's signature does not necessarily indicate agreement with the observation report, only that the report was read and discussed with the evaluator).

Principal's Signature: _____ **Date:** _____

Received by the Human Resource Department on: _____

Teacher's Initials: _____ Date: _____ Evaluator's Initials: _____ Date: _____