Instructional Specialist Pre-Observation Questionnaire

Employee: _____ **Subject Area Observed:** _____

Grade Level: _____ **Observation Stop Time:** _____

Administrator: _____ **Observation Start Time:** _____

Date: _____

Directions: Please provide a one- or two-sentence response to each of the following questions, and either e-mail the form to your evaluator or bring this sheet with you to the pre-observation conference. Also, please attach any lesson plans, activity sheets, or other information that will help clarify the lesson.

1. Describe the delivery of services that will be observed.

2. What are your goals for the program(s) and/or services?

3. How and when will we know that you have achieved your goals? Share your plan to evaluate your program(s) and/or service.

4. How will you engage participants in your program and/or services?

5. How will the delivery of service and resources support student/staff/parent development?

6. How will you adjust your delivery of service through questions, discussion and activities?

7. Describe other activities that you conduct that are integral to your program/service.

8. What would you like me to observe specifically during the observation (goals)?