# School Counselor Pre-Observation Questionnaire

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| **Employee:** | | **Subject Area Observed:** | |
| **Administrator:** | | **Observation Stop Time:** | |
| **Date:** | | **Observation Start Time:** | |

**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 information that will help clarify the observation.

**1. To what areas does this session relate? (Social-emotional; Academic; and/or Career)**

**2. How does this service fit in the sequence of learning for this group or individual?**

**3. Briefly describe the student(s) in this group (consider special needs of students). (NOTE: May not apply to parent programming sessions)**

**4. What are your learning outcomes for this session? What do you want the student(s) to understand**

**5. How will you engage the student(s) in the service? What will you do? What will the students do? Provide any worksheets or other materials student(s) will be using.**

**6. How will you differentiate instruction for individuals or groups of students in the session? (Auditory, Visual, ELL, Special Ed., etc.)**

**7. How and when will you know whether the students have learned what you intend?**

**8. What other information do you want to share about this session? (i.e. pacing, student behavior and/or interactions, cognitive skills, etc.)**

**9. What would you like me to observe specifically during the service/goals?**