Therapeutic 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. Briefly describe the students/family/team in your delivery of service/session. What have you learned about your students this year that has gone into planning for this delivery of service/session?

2. Discuss how you planned and prepared for this delivery of service/session. What are the specific goals/outcomes expected?

3. How will the delivery of service/session and resources support student development?

4. Discuss how you have organized the overall structure, pacing, and materials to engage students/family/team in the process.

5. The social/emotional environment is crucial to helping students be successful learners. How will you organize the setting to promote a respectful environment? How do your procedures and the physical arrangement help students to be successful?

6. How will you adjust your delivery of service/session to address student needs?

7. How do you plan to assess your students' progress towards mastery of the identified goals/outcomes?

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