

# Regional School District 10 Educator Growth and Development Plan

## Observation Form

### Educator Evaluation Observation # Choose an item.

**Name:** \_\_\_\_\_ **Location:** \_\_\_\_\_

**Grade/Role:** \_\_\_\_\_ **Discipline/Focus:** \_\_\_\_\_

**Evaluation Cycle:**  Team,  Non-Tenure,  Tenured-Cycle 1

#### Pre-Observation

*Completed by Educator*

**Date Completed:**

Lesson Plan/Meeting Plan <i>Upload/provide hyperlink here, as appropriate</i>	<b>Please answer these three questions as part of your response:</b> <ol style="list-style-type: none"> <li>1. How is the task/lesson/student learning outcomes aligned with or in support of our shared definition of high-quality learning?</li> <li>2. How did you make the lesson accessible to the needs of all students?</li> <li>3. What are the outcomes you are hoping to achieve from this lesson and how will you know if students achieve them?</li> </ol>
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#### Observation

*Completed by the Evaluator*

**Date of Observation:**

#### Post-Observation Reflection

*Completed by the Educator*

**Date Completed:**

**Please answer these three questions as part of your response:**

1. Which parts of the lesson helped your students achieve your intended learning outcomes for this lesson? How do you know?
2. What adjustments if any, did you make during the lesson and why?
3. What have you learned (about your practice and your learners based on evidence) and how will you apply this new learning in the future?

#### Post-Observation Conference Feedback

*Completed by the Evaluator*

*Include strengths and areas for growth tied to the Single Point Competency Rubric*

**Date of Conference:**

#### Signatures

<b>Educator Signature</b>	<b>Date:</b>	
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*Signature of Educator acknowledges receipt of Observation Form*

<b>Evaluator Signature</b>	<b>Date:</b>	
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Additional Educator Comments (as needed):

