**Observation Report for the Professional Evaluation of Teachers**

**Teacher:** Click here to enter text.

**Course:**

**Date of observation:**

**Block:** Block 1

|  |
| --- |
| **REINFORCEMENT OF PROFESSIONAL LEARNING AND PRACTICE**:  *Performance element(s) of relative strength* |
| * Witnessing the integration of faith, learning, and life * Fostering a faith-filled, prayerful community * Advocating for justice and promoting service * Demonstrating knowledge of content and pedagogy * Demonstrating knowledge of students * Setting instructional outcomes * Demonstrating knowledge of resources * Designing coherent instruction * Designing student assessments * Respect and rapport * Establishing a culture for learning * Managing classroom procedures * Managing student behavior * Organizing physical space * Communicating with students * Using questioning and discussion techniques * Engaging students in learning * Using assessment in instruction * Demonstrating flexibility and responsiveness |
| **EVIDENCE:** |
|  |
| **REFINEMENT OF PROFESSIONAL LEARNING AND PRACTICE:**  *A specific performance element for improvement* |
| * Witnessing the integration of faith, learning, and life * Fostering a faith-filled, prayerful community * Advocating for justice and promoting service * Demonstrating knowledge of content and pedagogy * Demonstrating knowledge of students * Setting instructional outcomes * Demonstrating knowledge of resources * Designing coherent instruction * Designing student assessments * Respect and rapport * Establishing a culture for learning * Managing classroom procedures * Managing student behavior * Organizing physical space * Communicating with students * Using questioning and discussion techniques * Engaging students in learning * Using assessment in instruction * Demonstrating flexibility and responsiveness |
| **EVIDENCE:** |
| * Click here to enter text. |
| **RECOMMENDATION(S):** |
|  |

Administrator’s signature:

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*By signing this form, the teacher acknowledges receipt of this document.*

Teacher’s signature:

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_