PST - EC: US & CT Observation Feedback Form - Spring, 2012

1. General Information **Observation Number Pre-Student Teacher Name** School: Grade: **Class Size:** Period: Subject: **Lesson Plan's Topic Focus** Completed by: **Cooperating Teachers - Please select your name: University Supervisors - Please select your name**

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PST - EC: US & CT Observation Feedback Form - Spring, 2012 **TEACHING FOR STUDENT LEARNING** PMNM N/A 0 0 Made learning goals and 0 0 instructional procedures clear to students 0 0 0 0 Informed students of their specific roles during different parts of the lessons 0 0 0 Engaged students actively with content 0 0 0 0 Involved students in reallife, meaningful tasks 0 Encouraged students to extend their thinking in independent, creative, critical ways 0 0 0 0 Presented content using a variety of developmentally appropriate instructional strategies as described in the lesson plan Monitored students' 0 0 understanding of content through a variety of means 0 0 0 Provided informative feedback to assist student learning Made responsive adjustments based on student performance/feedback Used instructional time 0 0 0 0 effectively 0 Designed engaging opening to the class and/or lesson 0 0 0 0 Explained concepts using clear, illustrative examples 0 0 0 Made smooth transitions between parts of the lesson 0 0 0 0 Maintained appropriate pacing Asked diverse, significant, higher order, engaging

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questions

contributions

Used effective wait time after teaching and student

Elicited participation of

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POINTS TO CONSIDER:	
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Name and Date:	
Date of Next Observation:	
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