INFORMAL CLASSROOM OBSERVATION

Date(s) _____ **Teacher** _____ **Period** _____**Time In** _____ **Time Out** _____

Activities Observed _____ **Subject Taught** _____ **Grade** _____ **# of Students** _____

Time	Teacher	Time	Student

Discussion

Suggestions	Commendations

Next Step

Supervising Administrator's Signature _____

Copies: _____ **Teacher** _____ **File**

Time	Teacher	Time	Student