

PREOBSERVATION INFORMATION

STUDENT TEACHER _____ DATE/TIME _____

SCHOOL _____ GRADE/ROOM _____

Please return this form prior to the scheduled observation.

This information gathered on this form will assist me with the analysis of instructional decisions.

1. What do you want the students to learn from this lesson?
2. What activities have you planned to facilitate this learning?
3. How will you determine whether the learning has taken place during this lesson?
4. Is there anything in particular I need to know about this class?
5. What specific feedback would you like from the observation?