

Miami Beach

ADULT & COMMUNITY EDUCATION CENTER

1424 Drexel Avenue
Miami Beach, FL 33139

VISITATION FORM FOR PART-TIME INSTRUCTIONAL PERSONNEL

INSTRUCTOR'S NAME: _____ LOCATION #: _____

SITE: _____ ROOM #: _____

COURSE TITLE: _____ REF#: _____ Day: _____

CLASS HOURS: FROM _____ TO: _____ VISITATION DATE: _____

TIME ARRIVED: _____ TIME DEPARTED: _____ OBSERVER: _____

Evaluation	Y	N	N/A	Comments
1) How many students were present in the classroom?				
2.) Was attendance sign-in sheet available?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
3.) Did the number of students in class match those on the electronic grade book?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
4.) Are lesson plans available?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
5.) Were lesson plans current and appropriate for class?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
6.) Did observed instruction match lesson plans?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
7.) Are emergency lesson plans current and on file?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
8.) Is a grade book available and up to date?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
9.) Are student folders available and current with evidence of teacher feedback/grades?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
10.) Was evidence of instruction observed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
11.) Did the teacher create a classroom culture that empowers students to collaborate?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
12.) Did the teacher establish a positive and nurturing learning environment/tone throughout observation?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
13.) Were protocols in place to maintain classroom management?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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OBSERVER'S COMMENTS

Observer's Name: _____

Signature: _____

Title: _____

The teacher is encouraged to review this form with the observer and/or the principal. This form is used as a tool to monitor the adult/vocational programs according to state & district guidelines. It is used as a means to provide educational feedback for program enhancements.

CC: Original form is to be submitted and filed with the principal
Teacher
Monitor's File
Service Provider (when appropriate)