Feedback Forms

Performance Indicator Feedback Form

Teacher: _____ **Date:** _____

School: _____ **Subject:** _____ **Academic Year:** _____

Standard #	Select Standard
Quality Indicator #	Select Indicator

Date of Observation:

Principal Comments:	**Overall Performance Rating**
	☐ **Emerging (0,1,2)**
	☐ **Developing (3,4)**
Teacher Comments:	☐ **Proficient (5,6)**
	☐ **Distinguished (7)**

Date of Observation:

Principal Comments:	**Overall Performance Rating**
	☐ **Emerging (0,1,2)**
	☐ **Developing (3,4)**
Teacher Comments:	☐ **Proficient (5,6)**
	☐ **Distinguished (7)**

Date of Observation:

Principal Comments:	**Overall Performance Rating**
	☐ **Emerging (0,1,2)**
	☐ **Developing (3,4)**
Teacher Comments:	☐ **Proficient (5,6)**
	☐ **Distinguished (7)**

_____   _____

Teacher's Signature/Date   **Observer's Signature/Date**

Signatures indicate the document has been reviewed and discussed.

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Teacher: _____ **Date:** _____

School: _____ **Subject:** _____ **Academic Year:** _____

Standard #	Select Standard

Quality Indicator #	Select Indicator

Date of Observation:

Principal Comments:	Overall Performance Rating
	☐ **Emerging**
	☐ 0 ☐ 1 ☐ 2
	☐ **Developing**
	☐ 3 ☐ 4
Teacher Comments:	☐ **Proficient**
	☐ 5 ☐ 6
	☐ **Distinguished**
	☐ 7

Date of Observation:

Principal Comments:	Overall Performance Rating
	☐ **Emerging**
	☐ 0 ☐ 1 ☐ 2
	☐ **Developing**
	☐ 3 ☐ 4
Teacher Comments:	☐ **Proficient**
	☐ 5 ☐ 6
	☐ **Distinguished**
	☐ 7

Date of Observation:

Principal Comments:	Overall Performance Rating
	☐ **Emerging**
	☐ 0 ☐ 1 ☐ 2
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	☐ 3 ☐ 4
Teacher Comments:	☐ **Proficient**
	☐ 5 ☐ 6
	☐ **Distinguished**
	☐ 7

_____   _____
Teacher's Signature/Date   **Observer's Signature/Date**
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General Observation Feedback Form

Teacher: _____   Date: _____

School: _____   Subject: _____   Academic Year: _____

Indicator #1

Select Standard   Select Indicator

Indicator #2

Select Standard   Select Indicator

Indicator #3

Select Standard   Select Indicator

Comments on Indicators Observed

Teacher Practice Strategies Select those that apply	**Student Engagement** High Moderate Low Disengaged	**Depth of Knowledge** Extended Thinking Strategic Thinking Skill Concept Recall
Lecture		
Classroom Discussion		
Cooperative Learning		
Group Work		
Guided Practice		
Learning Centers		
Hands On/Active Learning		
Presentations		
Question/Answer		
Independent Student Work		
Peer Evaluation		
Advanced/Graphic Organizers		
Nonlinguistic Representations		
Project Based Learning		
Similarities/Differences		
Summarizing/Note Taking		

Classroom Structure
Evidence of Student Work
☐ Yes   ☐ No
Room Organized
☐ Yes   ☐ No

Curriculum/Instruction
Taught curriculum matches written curriculum   ☐ Yes   ☐ No
Objectives & DOK Align   ☐ Yes   ☐ No
Accessible Materials   ☐ Yes   ☐ No
Clear Learning Targets   ☐ Yes   ☐ No
Technology Integrated   ☐ Yes   ☐ No

Learning Assessments Observations
☐ **Question/Answer**
☐ **Quiz or Test**
☐ **Group Response**
☐ **Individual Response**
☐ **Conferencing**
☐ **Observation**
☐ **None**

Learning Environment
☐ **Conducive to Learning**
☐ **Somewhat Conducive**
☐ **Not Conducive**
    ☐ **Disruptive Behavior**
    ☐ **Off Task Behavior**
    ☐ **Lack of Organization**

Comments/Observations on Teacher Practice Strategies

Overall Comments/ Observations

_____   _____
Teacher's Signature/Date   **Observer's Signature/Date**

Signatures indicate the document has been reviewed and discussed.