

STANDARD PROCESS
CONFIDENTIAL GTOI OBSERVATION RECORD: STANDARD FORM

Print Form

Teacher's Name _____			System _____			School _____		
Teacher's System State Code	Teacher's School State Code	Last 4 Digits Teacher SSN	Last 4 Digits Observer SSN	Date MM DD YY	Observation Number	Beginning Time: _____	Total Minutes	Lesson Segment (Choose One)
[]	[]	[]	[]	[]	[]	Ending Time: _____	[]	<input type="checkbox"/> B <input type="checkbox"/> M <input type="checkbox"/> E <input type="checkbox"/> O

Focus of Lesson:

<p>TEACHING TASK I: PROVIDES INSTRUCTION</p> <p>Comments:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<p style="text-align: center;">MARK SCORES FOR EACH DIMENSION</p> <p>A. Instructional Level <input type="checkbox"/> NI <input type="checkbox"/> S</p> <p>B. Content Development</p> <p> 1. Teacher-Focused <input type="checkbox"/> NI <input type="checkbox"/> S</p> <p> 2. Student-Focused <input type="checkbox"/> NI <input type="checkbox"/> S</p> <p>C. Building for Transfer <input type="checkbox"/> NI <input type="checkbox"/> S</p>
<p>TEACHING TASK II: ASSESSES AND ENCOURAGES STUDENT PROGRESS</p> <p>Comments:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<p>A. Promoting Engagement <input type="checkbox"/> NI <input type="checkbox"/> S</p> <p>B. Monitoring Progress <input type="checkbox"/> NI <input type="checkbox"/> S</p> <p>C. Responding to Student Performance <input type="checkbox"/> NI <input type="checkbox"/> S</p> <p>D. Supporting Students <input type="checkbox"/> NI <input type="checkbox"/> S</p>
<p>TEACHING TASK III: MANAGES THE LEARNING ENVIROMENT</p> <p>Comments:</p> <div style="border: 1px solid black; height: 60px; width: 100%;"></div>	<p>A. Use of Time <input type="checkbox"/> NI <input type="checkbox"/> S</p> <p>B. Physical Setting <input type="checkbox"/> NI <input type="checkbox"/> S</p> <p>C. Appropriate Behavior <input type="checkbox"/> NI <input type="checkbox"/> S</p>

(Signatures)

OBSERVER: _____ Date: _____ Position: _____

TEACHER: _____ Date: _____

Teacher Comments:

Sign and return copy to principal's office. Signature acknowledges receipt of form, not necessarily occurrence. Written comments may be provided and/or attached. Initial and date here if comments are attached. _____