

### Formative Observation Feedback Form

*(This is an optional form that may be used to offer feedback to the Teacher Candidate)*

**Teacher Candidate:** \_\_\_\_\_ **Student ID:** \_\_\_\_\_ **University Supervisor:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**School:** \_\_\_\_\_ **Cooperating Teacher:** \_\_\_\_\_ **Subject/Grade:** \_\_\_\_\_

<b>Teacher Candidate Strategies*</b> <i>(Select only those strategies that apply)</i>	<b>Student Engagement*</b> <i>(Check one for each strategy selected)</i>	
Advanced/Graphic Organizers	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Observed Classroom Structure (5.1, 5.2, 5.3)</b> Evidence of Student Work (1.1) <input type="checkbox"/> Yes <input type="checkbox"/> No
Classroom Discussion	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Learning Environment (5.2, 5.3) <input type="checkbox"/> Conducive to Learning <input type="checkbox"/> Somewhat Conducive <input type="checkbox"/> Not Conducive <input type="checkbox"/> Disruptive Student(s) Behavior
Cooperative Learning	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Curriculum/Instruction Observed (3.1, 3.2)</b>
Group Work	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Co-teaching <input type="checkbox"/> Yes <input type="checkbox"/> No
Guided Practice	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Accessible Materials <input type="checkbox"/> Yes <input type="checkbox"/> No
Hands On/Active Learning	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Clear Learning Targets (6.1) <input type="checkbox"/> Yes <input type="checkbox"/> No
Independent Student Work	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Technology Integrated <input type="checkbox"/> Yes <input type="checkbox"/> No
Learning Centers	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Differentiated Instruction (2.4, 3.2) <input type="checkbox"/> Yes <input type="checkbox"/> No
Lecture	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Learning Assessments Observed (7.1, 7.2, 7.5)</b>
Nonlinguistic Representations	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> Question/Answer <span style="float: right;"><input type="checkbox"/> Informal</span> <input type="checkbox"/> Quiz or Test <span style="float: right;"><input type="checkbox"/> Group Response</span> <input type="checkbox"/> Individual Response <span style="float: right;"><input type="checkbox"/> Conference</span> <input type="checkbox"/> Documentation of Assessment <span style="float: right;"><input type="checkbox"/> Observation</span> <input type="checkbox"/> None <span style="float: right;"><input type="checkbox"/> Other</span>
Other	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>Overall Comments/Observations:</b>
Peer Evaluation	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Presentations	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Project Based Learning	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Question/Answer	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Similarities/Differences	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Summarizing/Note Taking	H M L D <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

\_\_\_\_\_  
Teacher Candidate Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
University Supervisor Signature

\_\_\_\_\_  
Date

**Key:** H – High, M – Moderate, L – Low, D – Disengaged  
Revised March 2015