

STUDENT TEACHER OBSERVATION REPORT

Form C

To be completed by the University Supervisor during each observation session
Please make **two** photocopies: send the **original** to the Office of Student Services (address below),
give a **copy** to the student teacher and keep a **copy** for your own records.

Student Teacher _____
 Observer's Name _____
 Subject/Grade _____
 School _____
 Date/Time _____

Observation number for **this** student teacher in **this** school by **this** person (mark the number)

1	2	3
4	5	6
7	8	9

During this observation the student teacher should demonstrate his/her understanding of ...

- | | |
|---|--|
| <ul style="list-style-type: none"> ➤ Knowledge of Literacy (use of appropriate reading, writing, speaking, viewing and listening skills) ➤ Knowledge of Mathematics (use of appropriate mathematics instruction) ➤ Knowledge of Standards and Assessment (use of appropriate strategies and assessments to ensure student learning) ➤ Knowledge of Content (subject matter expertise) ➤ Knowledge of Classroom and Instructional Management (maintenance of a positive and effective learning environment, respect for the rights of others*, modeling democratic ideal*) | <ul style="list-style-type: none"> ➤ Knowledge of Individualization of Instruction (sensitivity to the unique needs of each student) ➤ Knowledge of Technology (use of technology to support instruction and enhance student learning) ➤ Professionalism (appropriate professional behavior: attitude, roles and responsibilities; self-evaluates performance* and accesses professional growth opportunities*) <p>*Democracy, Educational Governance and Careers in Teaching (elements of this standard have been incorporated in <i>Knowledge of Classroom & Instructional Management</i> and <i>Professionalism</i>)</p> |
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This section should be completed collaboratively by the student teacher and the observer

Lesson to be observed	<p>Focus of Observation:</p> <p style="margin-left: 20px;">Content:</p> <p style="margin-left: 20px;">Process:</p>
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Observation notes: (use additional sheets if necessary)

Action Plan

(include specific suggestions and a time line for implementation - use additional sheets if necessary)

FOR USE ONLY IF FORM IS SUBMITTED ELECTRONICALLY

<p>The observations and commentary on this electronically-submitted form are my own. I understand that my typed name appearing in conjunction with this statement shall constitute a binding digital signature for purposes of verification.</p>	<p>CHECK HERE</p> <input style="width: 20px; height: 15px;" type="checkbox"/>
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Observer's Written Signature