

# Pre-Observation Form

Teacher \_\_\_\_\_

Date \_\_\_\_\_

Class \_\_\_\_\_

Grade \_\_\_\_\_

Please complete the following information and return to the evaluator at least one day before the scheduled date of the classroom observation.

1. What are the instructional objectives of the lesson?

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2. What instructional procedures do you plan to use for the lesson?

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3. How will you determine if the learner outcomes have been reached?

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4. Are there any group or individual characteristics or circumstances of which the evaluator should be aware?

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