

Teaching Candidate: _____

Cohort Date: _____

Pre-Service Classroom Observation Form

To help you learn more about the teaching profession, you are required to conduct a 4 hour classroom observation as part of your pre-service teaching program. This is a self-coordinated experience which must take place prior to the final meeting day of your course. For your convenience, we have provided you a guide for your observation and will facilitate group classroom observation experiences for you during our class meetings.

When you schedule your observation, please consider the following:

- Notify the teacher you are visiting at least 72 hours prior to your visit.
- Your visit should last a minimum of 4 hours.
- Obtain the signature of the teacher visited on the form.
- On the form, obtain the signature of the teacher visited.
- Thank the teacher after the visit through personal contact or memo.
- Through personal contact or memo, thank the teacher after the visit.
- Return signed form to your Regional Training Center instructor.

Date of Visit: _____ Type of Class Visited: _____

Time Arrived: _____ Time Departed: _____

1. What are students DOING? (Receiving information, applying skills, practicing newly acquired skills, time on task.????)

2. What are students PRODUCING?

3. What interactions are going on between teacher/student and/or student/student? _____

4. How are students REWARDED OR RECOGNIZED by the teacher and/or other students _____

5. What provisions are being made for STUDENTS WITH SPECIAL NEEDS?

6. How, if at all, does the teacher demonstrate attainment of the New Jersey Professional Teaching Standards?

7. What did you learn from this experience?

Cooperating Teacher's Name: _____

School: _____

Signature /Date: _____