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: ______________________________________________