

Professional Practice Observation Form for Educators

Educator & Observation Details

Educator Name

Observer Name

Date of Observation

Class / Subject

Period / Time

Observation Focus Areas

| Indicator | Observation Notes |
|-------------------------------|----------------------|
| Lesson Planning & Preparation | <input type="text"/> |
| Classroom Environment | <input type="text"/> |
| Instructional Delivery | <input type="text"/> |
| Assessment & Feedback | <input type="text"/> |
| Professionalism | <input type="text"/> |

Commendations

Highlight strengths observed...

Recommendations for Improvement

Provide actionable suggestions...

General Comments

Observer Signature

Name

Educator Signature

Name