

Warren County Special Services School District
1500 Route 57, Suite 1
Washington, NJ 07882
Tel. 908-835-1004 Fax 908-835-1042

TEACHER EVALUATION/OBSERVATION

TEACHER: _____ ASSIGNMENT: _____

CLASS: _____ EVALUATION DATE: ____/____/____

POST CONF. DATE: ____/____/____

A. PURPOSE FO LESSON:

B. OBJECTIVES:

C. LESSON PLAN:

D. SYNOPSIS OF THE LESSON:

E. ANALYSIS OF LESSON/INSTRUCTIONAL EFFECTIVENESS:

1. Exhibits effective classroom control and management:

2. Provides for individual differences:

3. Maximized use of Teacher Aided in instruction:

4. Uses a variety of instructional methods/materials:

5. Diagnoses pupil needs accurately:

6. Evaluates pupil progress effectively:

7. Purpose and objectives of lesson are clear:

F. TEACHER STRENGTHS:

G. AREAS OF IMPROVEMENT AND SUGGESTIONS:

H. SUMMARY:

I. TEACHER COMMENTS:

Observer: _____ Date: ____/____/____

Professional Staff: _____ Date: ____/____/____

This signature indicates that the professional staff member has read this report. It does not necessarily denote agreement with all information contained within.

Warren County Special Services School District
1500 Route 57, Suite 1
Washington, NJ 07882
Tel. 908-835-1004 Fax 908-835-1042