

Your name:

Class being observed:

Date:



1st-5th Observation Sheet

I saw:

I heard:



I Wonder:

Were objectives posted? **Yes/ No**

Check the strategies that were observed.

- | | |
|--|---|
| <input type="checkbox"/> Writing (to learn or learning to write) | <input type="checkbox"/> Reading (to learn or learning to read) |
| <input type="checkbox"/> Collaboration | <input type="checkbox"/> Classroom Talk |
| <input type="checkbox"/> Organization (physical or cognitive) | <input type="checkbox"/> Scaffolding |
| <input type="checkbox"/> Inquiry (two-way questioning) | |