

**Department of Teacher Education Lesson Evaluation Form**

**Observation Number:**    1    2    3    **Start Time:** \_\_\_\_\_ **Stop Time:** \_\_\_\_\_ **Total Time:** \_\_\_\_\_

Lesson was taught by \_\_\_\_\_ on \_\_\_\_\_

Lesson was evaluated by \_\_\_\_\_ at \_\_\_\_\_ School

Subject \_\_\_\_\_ Grade/Master/Mentor Teacher \_\_\_\_\_

1. List what you consider to be the strong points of this lesson.

2. List what you consider to be the areas in need of improvement for this lesson.

3. Please rate the student on the following aspects of his/her teaching.

**Rating Scale: 4=Exemplary Level 3=Proficient Level 2=In Progress 1=Unsatisfactory**

a. Planning/Preparation

b. Lesson Presentation

c. Use of Technology

d. Teacher/Student Interaction

e. Questioning

f. Knowledge of Subject Matter

g. Provision of Feedback to Students

h. Classroom management

i. Assessment