

CLASSROOM OBSERVATION FORM/Folder Form #1

TEACHER OBSERVED _____ GRADE(s) _____

DATE _____ SCHOOL _____ STUDENT TEACHER _____

INSTRUCTIONAL COMPONENTS

- 1. State the learning objective.** Describe evidence you see that the objective is appropriate to the learner's skills, knowledge, and abilities.
- 2. Describe how the teacher links student's past experiences to the current objective.**
- 3. Explain what reasons, purpose, meaning, or other motivation the teacher gives to insure students pay attention and put effort into learning the objective.**
- 4. Describe the different activities the teacher uses to present information, teach the skills, etc.** Possibilities might include: telling, modeling, discovering, reading, listening, etc. Explain how the activities cover the range of student learning modes and what choices the students might have.
- 5. Describe any overt (observable) learning monitoring activities the teacher uses to assess student's progress or understanding during the lesson. Describe any adjustments that are made to the teaching as a result of monitoring the student's learning.**
- 6. Describe what guided practice activities students are given to practice the skills or apply the knowledge under supervision.**
- 7. Describe assignments made that will enable students to practice skills or apply knowledge on their own, beyond the teacher's observation or supervision.**

CLASSROOM MANAGEMENT

- 1. Describe rules that seem to be in place concerning classroom behavior. Are they posted? Written in positive form?**
- 2. Describe any consequences of rule violations observed. Are they logical? Non-punitive? Do they teach how to behave productively? Records kept?**
- 3. Describe any factors that contribute to a positive learning climate in the classroom.**
Possibilities might include: student work displayed, lots of praise, statements describing student progress or success, evidence of student pride, evidence of ownership of the class (“ours” “we” statements).
- 4. Look for and describe any established procedures (students know) such as how to line up, enter class, get materials, turn in work, get teacher’s attention, go to the restroom, clean up, get make up work, etc.**
- 5. Describe any evidence of parent/community involvement in the classroom, school, etc.**

REFLECTION FORM/Folder Form #2

Student Teacher _____ **Lesson** _____ **Date** _____

Overall reaction of the students:

Evidence of student's progress toward meeting the objective:

Modifications I might make if teaching this lesson again:

(Print out at least ten copies of this page for your folder.)

NEW ZEALAND PLACEMENT GOALS FORM/Folder Form #3

Student Name: _____ Year _____ Semester _____

School of Placement: _____ Associate Teacher _____

Oakland University students participating in the New Zealand Student Teacher Exchange will use their performance evaluation and in conjunction with their supervisor, identify five performance goals for a concentrated focus during their New Zealand placement. In conjunction with their associate teacher and their professional studies lecturer in New Zealand, these will be evaluated at mid and end of placement, with comments documenting the performance inserted.

PROFESSIONAL GOALS:

GOALS	MID PLACEMENT COMMENTS	END PLACEMENT COMMENTS
1.		
2.		
3.		
4.		
5.		

Associate Teacher Signature: _____ Date _____ Signature _____ Date _____

Student Signature: _____ Date _____ Signature _____ Date _____

Professional Studies Lecturer Signature: _____ Date _____

Students will also identify three personal goals for the New Zealand exchange.

PERSONAL GOALS:

GOALS:	MID PLACEMENT COMMENTS	END PLACEMENT COMMENTS
1.		
2.		
3.		

Student teacher is required to indicate how this experience will affect their teaching in their classroom in the United States.

Student Teacher Signature: _____ Date _____

CLASS DESCRIPTION/Folder Form #4

School: _____ Class Level: _____

Class Composition:

Girls: _____ Age Range: _____

Boys: _____ Age Range: _____

Description of School and its Community: *(Use the resources at your disposal to determine this information.)*

Developmental Characteristics of this class:

~~SES~~ **Physical:**

~~SES~~ **Social and Emotional:**

~~SES~~ **Cognitive:**

Parental Involvement and Communication:

Class Routines and Management:

Pupil Duties:

Classroom Environment:

Groupings Used:

Type of Grouping	Curriculum Area	Reason for Grouping

ASSESSMENT OF STUDENT ABILITIES/Folder Form #5

Through discussion with your associate teacher, consulting school records if appropriate and approved, your personal observations, and results of assessment tasks, you will identify the following for your class for each curriculum area you are involved in:

Major Identified Need (Curriculum, Work or Study Skill)	Evidence of this Need	How I am going to meet this Need	How will I know I have met the Need	Evaluation Comment

(Print out several copies of this page for your folder.)

WEEKLY PLANNER/ Folder Form #6 (Dates: _____)

Monday	Tuesday	Wednesday

(Print out at least five of this page for your folder.)

Thursday	Friday	Reflections

(Print out at least five copies of this page for your folder.)

ASSOCIATE TEACHER LETTER OF RECOMMENDATION

Student Name: _____ **School:** _____

Associate Teacher Signature: _____ **Date** _____
(*Folder Form #7*)

FOLDER SECTION 2: Folder Form #8 Classroom Overview (Timetable, Duties)

Week One: Dates _____

Times	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

Week Two: Dates _____

Times	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

Week Three: Dates _____

Times	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

Week Four: Dates _____

Times	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

Week Five: Dates _____

Times	Monday	Tuesday	Wednesday	Thursday	Friday
Before School					
After School					

Additional Notes: