# Feedback Forms

## Performance Indicator Feedback Form

**Teacher:** _____     **Date:** _____

**School:** _____     **Subject:** _____     **Academic Year:** _____

| Standard # |
| --- |
| **Quality Indicator #** |

| **Date of Observation:** | |
| --- | --- |
| **Principal Comments:** | **Overall Performance Rating**<br><br>☐ **Emerging (0,1,2)**<br><br>☐ **Developing (3,4)**<br><br>☐ **Proficient (5,6)**<br><br>☐ **Distinguished (7)** |
| **Teacher  Comments:** | |

| **Date of Observation:** | |
| --- | --- |
| **Principal Comments:** | **Overall Performance Rating**<br><br>☐ **Emerging (0,1,2)**<br><br>☐ **Developing (3,4)**<br><br>☐ **Proficient (5,6)**<br><br>☐ **Distinguished (7)** |
| **Teacher  Comments:** | |

| **Date of Observation:** | |
| --- | --- |
| **Principal Comments:** | **Overall Performance Rating**<br><br>☐ **Emerging (0,1,2)**<br><br>☐ **Developing (3,4)**<br><br>☐ **Proficient (5,6)**<br><br>☐ **Distinguished (7)** |
| **Teacher  Comments:** | |

_____     _____
**Teacher's Signature/Date**                              **Observer's Signature/Date**
**Signatures indicate the document has been reviewed and discussed.**

## Performance Indicator Feedback Form

**Teacher:** _____ **Date:** _____

**School:** _____ **Subject:** _____ **Academic Year:** _____

| Standard # |
|---|
| **Quality Indicator #** |
| **Date of Observation:** |

| **Principal Comments:** | **Overall Performance Rating** |
|---|---|
| | ☐ **Emerging** <br> ☐ 0 ☐ 1 ☐ 2 <br><br> ☐ **Developing** <br> ☐ 3 ☐ 4 |
| **Teacher Comments:** | ☐ **Proficient** <br> ☐ 5 ☐ 6 <br><br> ☐ **Distinguished** <br> ☐ 7 |

| **Date of Observation:** |
|---|

| **Principal Comments:** | **Overall Performance Rating** |
|---|---|
| | ☐ **Emerging** <br> ☐ 0 ☐ 1 ☐ 2 <br><br> ☐ **Developing** <br> ☐ 3 ☐ 4 |
| **Teacher Comments:** | ☐ **Proficient** <br> ☐ 5 ☐ 6 <br><br> ☐ **Distinguished** <br> ☐ 7 |

| **Date of Observation:** |
|---|

| **Principal Comments:** | **Overall Performance Rating** |
|---|---|
| | ☐ **Emerging** <br> ☐ 0 ☐ 1 ☐ 2 <br><br> ☐ **Developing** <br> ☐ 3 ☐ 4 |
| **Teacher Comments:** | ☐ **Proficient** <br> ☐ 5 ☐ 6 <br><br> ☐ **Distinguished** <br> ☐ 7 |

_____          _____
**Teacher's Signature/Date**                          **Observer's Signature/Date**
**Signatures indicate the document has been reviewed and discussed.**

**General Observation Feedback Form**

Teacher: _____     Date: _____

School: _____  Subject: _____  Academic Year: _____

| | |
|---|---|
| **Indicator #1** | |
| **Indicator #2** | |
| **Indicator #3** | |

**Comments on Indicators Observed**

| **Teacher Practice Strategies** Select those that apply | **Student Engagement** High Moderate Low Disengaged | **Depth of Knowledge** Extended Thinking Strategic Thinking Skill Concept Recall |
|---|---|---|
| **Lecture** | | |
| **Classroom Discussion** | | |
| **Cooperative Learning** | | |
| **Group Work** | | |
| **Guided Practice** | | |
| **Learning Centers** | | |
| **Hands On/Active Learning** | | |
| **Presentations** | | |
| **Question/Answer** | | |
| **Independent Student Work** | | |
| **Peer Evaluation** | | |
| **Advanced/Graphic Organizers** | | |
| **Nonlinguistic Representations** | | |
| **Project Based Learning** | | |
| **Similarities/Differences** | | |
| **Summarizing/Note Taking** | | |

**Classroom Structure**
**Evidence of Student Work**
☐ Yes   ☐ No
**Room Organized**
☐ Yes   ☐ No

**Curriculum/Instruction**
**Taught curriculum matches written curriculum**   ☐ Yes   ☐ No
**Objectives & DOK Align**   ☐ Yes   ☐ No
**Accessible Materials**   ☐ Yes   ☐ No
**Clear Learning Targets**   ☐ Yes   ☐ No
**Technology Integrated**   ☐ Yes   ☐ No

**Learning Assessments Observations**
☐ **Question/Answer**
☐ **Quiz or Test**
☐ **Group Response**
☐ **Individual Response**
☐ **Conferencing**
☐ **Observation**
☐ **None**

**Learning Environment**
☐ **Conducive to Learning**
☐ **Somewhat Conducive**
☐ **Not Conducive**
       ☐ **Disruptive Behavior**
       ☐ **Off Task Behavior**
       ☐ **Lack of Organization**

**Comments/Observations on Teacher Practice Strategies**

**Overall Comments/ Observations**

Teacher's Signature/Date _____     Observer's Signature/Date _____

Signatures indicate the document has been reviewed and discussed.