## **UNANNOUNCED OBSERVATION FORM**

Teacher's Name:	Date:

Evaluator's Name: Class/Time:

	<b>Elements Observed</b>	Observed	Somewhat	Not	Not
			Observed	Observed	Applicable
1	All students are actively engaged				
	in learning activities				
2	Teacher manages student				
	behavior effectively				
3	Learning objectives are clear and				
	aligned to school curriculum				
4	Teacher addresses individual				
	student needs effectively (as				
	needed)				
5	Teacher periodically checks for				
	understanding				
6	Effective physical arrangement				
	and visual landscape is evident				
7	*				
8	*				

<sup>\*</sup>Add other elements if needed, such as school wide goals, or subject specific elements.

**Teacher's Comments:**