

STUDENT TEACHING VISITATION FORM

Name: _____ Date: _____

Grade/Subject: _____ Time: _____

Conference with Student Teacher:

Conference with Cooperating Teacher:

	E	SU	S	U	NO	E=Exemplary
Category I – Planning and Preparation						SU=Superior
Category II – Classroom Environment						S=Satisfactory
Category III – Instructional Delivery						U=Unsatisfactory
Category IV - Professionalism						NO=Not Yet Observed

Planning and Preparation – (PA standards, Objectives, Knowledge of content, Lesson plan components, Differentiation, Resources, Technology, Assessment of learning, Level of instruction)

Classroom Environment – (Physical environment, Behavior management, Interactions, Routines and procedures, Rapport, Focus, Engagement)

Instructional Delivery – (Congruence, Communication, Strategies & Techniques, Content, Engagement, Transitions, Questioning, Pacing, Feedback, Assessment, Higher order thinking)

Professionalism– (Integrity, Judgment, Respect, Peer interaction & communication, Reflectivity, Conduct, School Involvement, Student Records, Relationships, Professional Growth, Commitment)

Visit Overview:

Commendations:

Recommendations:

Student Teacher's Signature: _____ **Date:** _____

College Supervisor's Signature: _____ **Date:** _____

Information on this form is to be discussed during a follow-up meeting between the College Supervisor and Student Teacher. Signatures on this form indicate that it has been reviewed. This signed form should be retained by the College Supervisor. The Supervisor will share this form with the Student Teacher and the Cooperating Teacher.