

York College of Pennsylvania

Department of Education

STUDENT TEACHING VISITATION FORM

Original: Supervisor
Copy 1: Student
Copy 2: Teacher

Name: _____ Date: _____

Subject(s)/Grade: _____ Time: _____

Conference with ST: _____ Conference with CT: _____

	E	P	S	U	NO	E=Exemplary
Category I – Planning and Preparation						P=Superior
Category II – Classroom Management						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 plans, Differentiation, Resources, Technology, Assessment of learning, Level of instruction)

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

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

Professionalism – (Integrity, Judgment, Respect, Peer interaction & communication, Journaling & reflectivity, Procedures, Participation, Student Records, Relationships, Awareness of Act 48, Commitment)

College Supervisor's Reaction and Suggestions

Student Teacher's Signature: _____

Date: _____

Supervisor's Signature: _____

Date: _____