

POJOAQUE VALLEY SCHOOL DISTRICT
Post-Observation Form

Teacher name:

Teacher signature:

Observer:

Observer signature:

Subject to be observed:

Time period:

School year:

Date:

When planning for your Post-Observation Conference, Please complete this form as fully as possible prior to the conference. Please provide as much documentation and detail as possible.

1. Do you believe that you accomplished the goals and objectives of the observed lesson?

2. Based on the lesson and the work produced by students, what might you do differently in the future?

3. Based on the particular issues in terms of students, curriculum, instruction or other areas is there anything about which we need to be aware?

4. Overall how do you feel you did with regard to the scheduled observation?