

POJOAQUE VALLEY SCHOOL DISTRICT
Preobservation Form

Teacher name:

Teacher signature:

Observer:

Observer signature:

Subject to be observed:

Time period:

School year:

Date:

Please complete this form as fully as possible prior to the preobservation conference. Please provide as much documentation and detail as possible.

1. What do you want students to know and be able to do by the end of the lesson?

2. What Common Core or state standard does this lesson address?

3. How will you differentiate instruction to meet the needs of all students in your classroom?

4. Are there particular issues in terms of students, curriculum, instruction or other areas about which you would like the observer to be aware?

5. Please describe your classroom physical space and those things you would like observer to be particularly aware of that you feel further the learning goals.