*Mentors are to provide a minimum of four hours of non-evaluative classroom observation and feedback to first and second year teachers. New teachers are to have observation time of a mentor or a master–level teacher for professional development and improvement of teaching.*

***Complete the form and obtain signatures from both participating parties. This document will not be approved until signatures have been obtained, completed with Start/End times and other pertinent information. Submit form according to RGSD TeacherMentor Handbook.***

**CLASSROOM OBSERVATION FORM (Optional: Long Form)**

|  |  |
| --- | --- |
| **Mentee:** Click here to enter text. | **Mentor:** Click here to enter text. |
| **School:** Click here to enter text. | **Date:** Click here to enter text. |
| **Start Time:** Click here to enter text. | **End Time:** Click here to enter text. |
| **Subject/Grade Level:** Click here to enter text. |  |

**Select the observation type that is taking place.**

[ ]  **Mentor observation of Mentee** [ ]  **Mentee observation of Mentor**

|  |
| --- |
| **Instructional Strategies/Practices Observed:** Check off boxes of all that apply during this observation. |
| Advanced/Graphic Organizers [ ]  | Summarizing/Note Taking  [ ]  | Assessments? What type? [ ]  |
| Learning Centers [ ]  | Technology [ ]  | Introducing New Information [ ]  |
| Non-linguistic Representation [ ]  | Routines & Procedures [ ]  | Review of Lesson [ ]  |
| Hands-On/Active Learning [ ]  | Managing Time, Space and Transitions [ ]  | Seat Work [ ]  |
| Project-based learning [ ]  | Data Conference: Click here to enter text. |
| Other: Click here to enter text.Provide any additional strategies/ Practices observed in this area. |

|  |  |
| --- | --- |
| Do Now Present: [ ]  Yes [ ]  No | Black Board Configuration Present:  [ ]  Yes [ ]  No |

|  |
| --- |
| **Learning Target:** Click here to enter text. |

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| --- |
| **Notes from Observation:** Click here to enter text. |

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| --- |
| **Strengths Observed:** Click here to enter text. |

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| **Areas of Focus:** Click here to enter text. |

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| **Additional Comments:** Click here to enter text. |

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**Mentee’s Signature Date Mentor’s Signature Date**

**Attach this form and the Quarterly Checklists to the Record of Interactions Form as supporting documentation of classroom observations and constructive feedback sessions.**