*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: Short 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**

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

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

|  |
| --- |
| **Areas of Improvement Observed:** Click here to enter text. |

|  |
| --- |
| **Suggestions/Feedback/Shared Strategies:** Click here to enter text. |

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

**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.**