TEACHER OBSERVATION RECORD

Teacher: _____ **Level:** _____

Date: _____ **Time:** _____

Suitability of Material

Content: _____

_____

_____

Level: _____

_____

_____

Organisation of Material

_____

_____

_____

Presentation of Material

_____

_____

_____

Correction

_____

_____

_____

Use of Teaching Aids

_____

_____

_____

Rapport with Students

Presence in the Classroom

General Impression

Classroom Management

Signed: _____ (DOS/Classroom Observer)

Signed: _____ (Teacher Observed)

Date: _____

Notes for Discussion: