

Walk – Through Evaluation

Teacher _____ Grade/Subject _____

Date _____ Time Period _____

Observation Checklist:

- ___ Lesson Plans (accessible and current)
- ___ Objectives/expectations stated/visible
- ___ Variety of teaching/learning materials
- ___ Hands- on/ cooperative opportunities
- ___ Positive interaction/ feedback to students
- ___ Correct grammar/spelling/presentation of subject matter
- ___ Assignment/Activities visible
- ___ Class rules visible
- ___ Good classroom and time management
- ___ Manages learned behavior
- ___ Learning environment appropriate and conducive to learning

Teacher: _____

Students: _____

Observer
comments: _____

Teacher
comments: _____

Observer Signature

Date _____

Teacher Signature

Date _____

