PRE-OBSERVATION MEETING WITH TEACHERS

TEACHER NAME: ___________________________ DATE: ________________

LEVEL/PROGRAM: _________________________ OBSERVATION DATE: ____________

1. Is there anything specific that you would like me to focus on during the observation?

   ________________________________________________________________

2. Are you having any classroom management issues that you would like help with? If so, please explain.

   ________________________________________________________________

3. Are you having problems with any specific student(s) that you would like advice on?

   ________________________________________________________________

4. Please list any other questions below.

   ________________________________________________________________

Teacher’s Signature: ___________________________ Date: ________________

Observer’s Signature: ___________________________