

**WAPPINGERS CENTRAL SCHOOL DISTRICT
PRE-OBSERVATION FORM
CLASSROOM TEACHER**

Name: _____

Administrator: _____

School: _____

Proposed class to be observed: _____

Subject

Room

Date

Time

Pre-Observation Conference: _____

Date

Time

The following information is to be provided by the teacher:

1. Brief description of the lesson / activity: _____

2. List the expected district outcomes in this lesson: _____

3. List the objectives of this lesson: _____

4. How do you plan to monitor student progress for this lesson? _____

5. Do you want feedback on any particular aspect of the observation? (student behavior, assessment techniques, areas of concern, areas to showcase, etc.) _____

6. Other comments: _____

**Please be prepared to discuss where this lesson falls within the unit of study.
Please attach lesson plans, handouts, rubrics, other relevant materials, etc., as
appropriate.**

**WAPPINGERS CENTRAL SCHOOL DISTRICT
PRE-OBSERVATION FORM
GUIDANCE COUNSELOR**

Name: _____

Administrator: _____

School: _____

Proposed activity to be observed:

Location	Date	Time
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Pre-Observation Conference: _____

	Date	Time
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The following information is to be provided by the counselor:

1. Brief description of the activity or session: _____

2. List the objectives of the activity or session: _____

3. List the desired outcomes of the activity or session: _____

4. How do you plan to monitor the effectiveness of the activity or session: _____

5. Do you want feedback on any particular aspect of the observation? (i.e., counseling skills, techniques and/or areas of concern) _____

6. Other comments (i.e., specific student information or background):

Please attach handouts, rubrics, other relevant materials, etc., as appropriate.

**WAPPINGERS CENTRAL SCHOOL DISTRICT
PRE-OBSERVATION FORM
LIBRARY MEDIA SPECIALIST**

Name: _____

Administrator: _____

School: _____

Proposed class to be observed: _____

Subject

Room

Date

Time

Pre-Observation Conference: _____

Date

Time

The following information is to be provided by the librarian:

1. Brief description of the lesson/activity: _____

2. List the expected district outcomes in this lesson: _____

3. List the objectives of this lesson: _____

4. How do you plan to monitor student progress for this lesson? _____

5. Do you want feedback on any particular aspect of the observation? (student behavior, assessment techniques, areas of concern, areas to showcase, etc.) _____

6. Other comments: _____

Please be prepared to discuss where this lesson falls within the unit of study.

Please attach lesson plans, handouts, rubrics, other relevant materials, etc., as appropriate.

(Pre-Observation Librarian)

**WAPPINGERS CENTRAL SCHOOL DISTRICT
PRE-OBSERVATION FORM
SCHOOL PSYCHOLOGIST**

Name: _____

Administrator: _____

School: _____

Proposed period of time to be observed: _____
Date(s) Time

Pre-Observation Conference: _____
Date(s) Time

The following information is to be provided by the psychologist:

1. Brief description of the expected activity(ies) and objectives: *

2. Do you want feedback on any particular aspect of the observation?

3. Other comments:

This observation may be one session or an agreed upon span of time (maximum five working days).

**WAPPINGERS CENTRAL SCHOOL DISTRICT
PRE-OBSERVATION FORM
SCHOOL SOCIAL WORKER**

Name: _____

Administrator: _____

School: _____

Proposed period of time to be observed: _____
Date(s) Time(s)

Pre-Observation Conference: _____
Date Time

The following information is to be provided by the social worker:

1. Brief description of the expected activity and the objectives: _____

2. Do you want feedback on any particular aspect of the observation? _____

3. Other comments: _____

This observation may be one session or an agreed upon span of time (maximum five working days).

**WAPPINGERS CENTRAL SCHOOL DISTRICT
PRE-OBSERVATION FORM
SPEECH THERAPIST**

Name: _____

Title: Speech Therapist

Administrator: _____

School: _____

Proposed setting to be observed: _____ Group Individual

_____ Room _____ Date _____ Time

Pre-Observation Conference: _____
_____ Date _____ Time

The following information is to be provided by the therapist:

1. Brief description of the lesson / activity: _____

2. List the emphasis/objectives of this lesson: _____

3. List the disabilities/classifications of students in group: _____

4. How do you plan to monitor student progress for this lesson? _____

5. Do you want feedback on any particular aspect of the observation? (student behavior, assessment techniques, areas of concern, areas to showcase, etc.) _____

6. Other comments: _____

**Please be prepared to discuss where this lesson falls within the students' IEPs.
Please attach lesson plans, handouts, rubrics, other relevant materials, etc., as appropriate.**