POST-OBSERVATION REFLECTION FORM

NAME **GRADE/SUBJECT**

OBSERVATION DATE **POST CONFERENCE DATE**

(Please turn in this reflection to your evaluator prior to your post-observation conference.)

1. As I reflect on the lesson, to what extent were students productively engaged?

2. What measures will I use to assess student learning? What are my plans for students who didn't learn?

3. Did I alter my goals or instructional plans as I taught the lesson? If so, why?

4. If I had the opportunity to teach this lesson again to this same group of students, what would I do differently? Why?

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Teacher's Signature/Date Administrator's Signature/Date