UNIVERSITY OF Miami
SCHOOL OF EDUCATION

UNIVERSITY OF MIAMI ASSOCIATE TEACHER

OBSERVATION REPORT

Date: _____

Student's Name _____ _____ Student # _____
Last First

Professor-in-Residence/Supervisor _____
Last First

Clinical Teacher _____ School _____
Last First

Content _____ Time of Observation _____

AREAS OF EVALUATION:

- ☐ Lesson Plan
- ☐ Instruction
- ☐ Classroom Management
- ☐ Evaluation
- ☐ Professionalism
- ☐ ESOL Applications

Factors that contributed to making the lesson effective:

Factors that mights have made the lesson better:

General comments about progress as an Associate Teacher/Intern:

_____
Associate Teacher's Signature

_____
Professor-in-Residence/Supervisor's Signature